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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

NOVEMBER, 1933 • VOL. 11, No. 2

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H. SHERIDAN BAKETEL, A.M., M.D., Editor
WILLIAM A. RICHARDSON, Associate Editor
RUSSELL H. BABB, Advertising Manager
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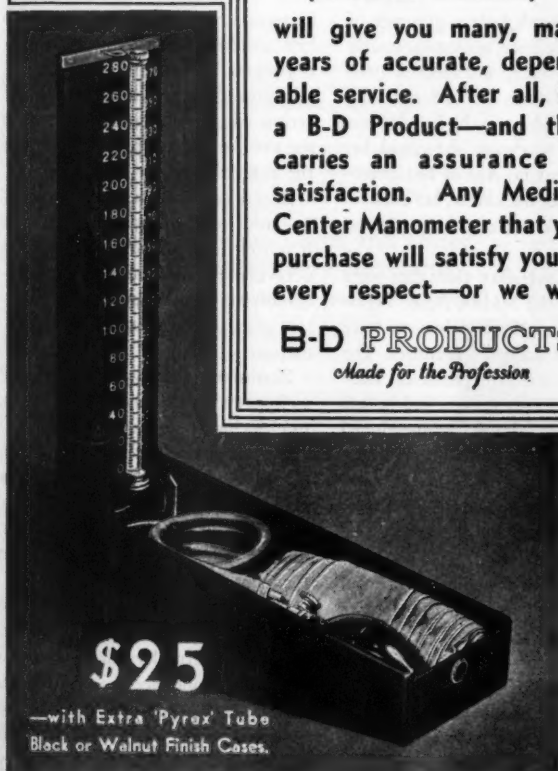
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Science *as opposed* to Common Sense

Even those with half a glimmer of the ways of Science, now must realize what a startling, unexpected path she often follows. For a long, long time, those who sought her did not know how wayward she could be. And there was no Age of Enlightenment until her trickiness, her elusiveness were acknowledged among the scholars.

Deep and weighty thoughts were thought, in the Middle Ages. Pains-taking and erudite conclusions were drawn, from accepted premises. The trouble was with the premises. They were the strongly entrenched beliefs of the time, almost unquestioned even in the best scholastic circles. Were they not based on "natural reason" or common sense? And were they not backed by the greatest of the old authorities?

They were. They didn't work out right. They put men off the track of Science time and time again. The germ theory of disease would seem like the wildest disturbance of mania, some few hundred years ago. No common sense there. It was not advanced until the 19th Century.

In these forward times, each year sees the physician better equipped with agents supplied by

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SPEAKING

Stimulus

TO THE EDITOR: I have been following articles in your splendid journal for a long time, and am much impressed with the reports of the Philadelphia movement.

Not only have I taken the advice of your editor, Dr. Baketel, and obtained a copy of the Recommendations, but, as past-president of the Racine Medical Society, I intend to interest my own local colleagues in the proposal.

Thank you sincerely for all the information you have given in your journal in the past. I don't know of another that contains more interesting reading, especially articles of the type that every doctor can use and from which he will be sure to benefit.

John Docter, M.D.
Racine, Wisconsin

Browbeaten?

TO THE EDITOR: In my opinion, it is a pity that physicians all over the country are not yet following the lead of that active group in Philadelphia. The doctor today had better wake up and get busy.

Abuses are worse now in the medical profession than they have ever been. Physicians are being browbeaten out of more money owing to them than ever before. And, as usual, they are slow to act. Let us hope that when they eventually do act it will not be too late.

Theodore F. Kirn, M.D.
New Orleans, Louisiana

Man-power

TO THE EDITOR: It is common knowledge that free and nominal-pay dispensaries must cease activity the moment their man-power stops functioning. (And who other than the physicians and surgeons constitute this man power?)

It is also common knowledge that many dispensaries are making a decided profit on so-called nominal fees, while the physicians who make this profit possible are struggling to make ends meet.

No thinking physician would deny that there are truly indigent poor who deserve attention gratis in the dispensary. But we all know of hundreds of thousands who masquerade as paupers and are able to obtain treatment free at the expense of doctors who simply don't "investigate" them or don't insist upon receiving payment for their services.

Present crowded conditions in the dispensaries, besides hurting the doctor financially, prejudice the rate of the patient's recovery. Under these conditions, the doctor falls into hasty, unscientific habits.

Now, while optimism for the return of good times is high, let's call a halt. The time has come to stop the giving of charity service to patients who can afford to pay. Let the medical profession stamp out the dispensary evil!

Since this is within the power of the doctors themselves, I suggest that they begin to take militant action through their county medical societies at once.

M. Chamurich, M. D.
New York City

Request

TO THE EDITOR: I have been a constant reader of MEDICAL ECONOMICS for many months, and find it of extreme value.

At present I am a medical student, and can readily appreciate that your publication contains information which we cannot possibly obtain in school and which is very important in preparing us for success in our chosen profession.

It is my sincere opinion that if your magazine were to be mailed not only to practicing physicians but also to medical students, it would prove a good investment for yourselves and your advertisers, since it brings to our attention authentic and up-to-date information as to what is newest and best in the pharmaceutical field, and its many sound articles by men of experience teach us to avoid pitfalls.

R. J. Carreon Jr.
Los Angeles

Niche-filler

TO THE EDITOR: It has not only been a pleasure, but has been profitable to have received MEDICAL ECONOMICS in recent years. Your magazine fills a niche in our professional life that has apparently been woefully neglected. It is in times of stress, such as the present, that we are lead to appreciate the importance of the economic side of our work.

S. F. Hoge, M.D.
Little Rock, Arkansas

Yankton

TO THE EDITOR: May I offer one suggestion to make your very interesting publication even more interesting and satisfactory? It is that at the head of articles the location of the writer be given as well as or, if you please, instead of his name. The name matters little. Ninety-odd per cent of the articles may as well be written by John Doe as far as the readers are concerned; but

FRANKLY

when it comes to relating personal experiences, to which much space is given and which are usually interesting, it would add greatly to know whether the writer is viewing things from Yankton, South Dakota, Jackson, Tennessee, New Orleans, Spokane, or Pittsburgh. It is not enough merely to say the Middle West or the South—we want the local coloring and flavor.

M.D.
El Paso, Texas

[Where it seems advisable, MEDICAL ECONOMICS will be glad to revive its former practice of publishing authors' locations.—Ed.]

Patton fan TO THE EDITOR:
Just a few lines to let you know that I keenly enjoyed the splendid article by Dr. Edward F. Patton, in the August issue of MEDICAL ECONOMICS.

Joseph I. Pascal, M.D.
New York City

Instinct TO THE EDITOR:
For some reason or other, nurses have always felt that the medical profession owes them free service and free medical advice at all times; whereas they, in turn, impose on physicians their regular charges. I was compelled, myself, not long ago, to employ a nurse at the handsome sum of seven dollars for twelve hours attendance.

For the most part, the medical profession seems to be "dead easy." In Philadelphia and in a few other places, fortunately, it is beginning to wake up. It is gratifying to know that there is still some business instinct left in a few.

William F. A. Schultz, M.D.
St. Louis, Missouri

Illegitimate TO THE EDITOR: I have been receiving MEDICAL ECONOMICS for some years, and am genuinely impressed with it. Especially in your agitation against the crime of illegitimate medical charity do I want to urge you on to greater efforts, and to thank you for what you have thus far accomplished.

Doctors in the city in which I practice, for example, are up against it financially, simply because they do not or will not get together like any other group of

workers and cease giving their services and time away. It is perfectly ridiculous the way patients are admitted to our charity clinics and hospitals.

Even the investigators in social service don't investigate too strongly because it might put them out of a job. And that is exactly what would happen.

I would suggest that you make a concerted effort in your next few issues to arouse the profession into a fighting attitude. An M.D. in my locality is really not as much respected as a household plumber. And, when you come to think of it, why should he be? He lets everybody walk over him.

Good luck to you in your activities in behalf of the profession.

A Kentucky M.D.

Sea TO THE EDITOR:
I am a regular reader of MEDICAL ECONOMICS, and have enjoyed the magazine for many years.

I was particularly interested in "Medicine on Sea" in the September issue, and look forward to the privilege of personally corresponding with the author, to let him know how much I enjoyed his article.

Louis Josephs, M.D.
Los Angeles, California

Footlight TO THE EDITOR:
While sitting in my swivel chair day in and day out, wondering what the future will bring to the medical profession, there comes to my recollection a recent article in MEDICAL ECONOMICS entitled "Podiatry Invites the G.P."

I have no doubt that ailments of the feet could be made an interesting specialty, and one in which there is not too much competition. It seems to me that the public is anxious for better service than is obtainable from the chiropodist.

But this question arises in my mind: Could an M.D. practice that specialty without running the risk of being classed as a chiropodist—thus losing his general practice?

I am appealing to the readers of MEDICAL ECONOMICS for their advice and assistance in this matter. How is it possible to get the cooperation of associates in referring cases, at the same time making it clear that one is still in general practice? Let's have some light on this detail!

I am absolutely confident that there is a good field for podiatry in any city of reasonable size.

S. B., M.D.

[TURN TO PAGE 134]

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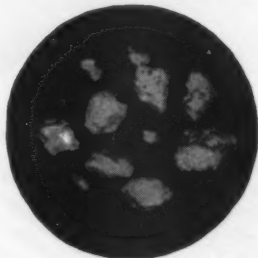
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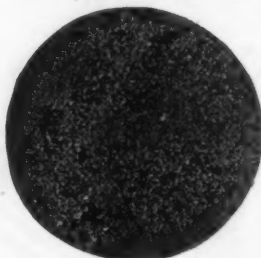
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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

New Jersey's Medical Relief Plan WORKS!

In view of the large volume of correspondence received by the Medical Society of New Jersey, requesting information about its system of relief for the sick-poor, we feel that this article in MEDICAL ECONOMICS will be of practical assistance to the members of other State societies who wish to inaugurate similar plans and are willing to make such modifications of our New Jersey system as may be advisable to compensate for differences in local conditions.

SPENCER T. SNEDECOR, M.D., Chairman, Medical Relief Committee, Medical Society of New Jersey

It has been a long tussle. But it looks as though the Medical Society of New Jersey has at last settled its question of sick-poor relief.

After two preliminary bouts with the problem, each of which failed, it has developed a plan that has actually begun to work on a State-wide scale.

The indicated success of the New Jersey plan is not hard to understand. For it is sound in principle — ethically, psychologically, financially, and otherwise.

In the first place, it assures the patient the best possible medical care.

It preserves the personal relationship between patient and physician.

It pays the doctor just enough to bolster his interest in each individual case. Yet, because fees from relief work are only one half to two thirds of what he usually receives, he realizes he is making some sacrifice to the poor.

As further evidence of the basic soundness of the plan, the physician is usually paid only for cases treated in the home or at the office. This gives him, collectively, a good deal of control over the clinics, and does away with much unnecessary hospitalization.

It tends, in turn, toward the discontinuance in many communities of the undesirable office of city physician.

The New [TURN TO PAGE 81]

I Prefer a Home and

AS TOLD TO RUSSELL J. WALDO

By JAMES V. GOWANS, M.D.

I WAS about 25 years younger then.

I had just transferred all my worldly belongings to Medina, New York, a town in which, if the gods were good, I hoped to build up a medical practice.

But where to locate there? A new office building had just been opened in the business section. This modern structure, the town's latest, appealed to me largely because I believed that an office in an office building was the ideal plan for even a general practitioner.

In fact, I was quite convinced—then—that its advantages would outweigh its disadvantages.

And luck was with me. During the first year, my practice ballooned beyond all anticipations. After marriage in 1912, however, my wife and I had a serious discussion concerning the proper location of an office.

She naturally believed a physician should be as near his family as possible; and, by way of proving it to me, brought up a variety of convincing ideas with which I could not disagree, in spite of my own preconceived notions to the contrary.

I was forced to concede the point, so I set about to find a home-office in the residential district as near the business section as possible. A location suited to my needs was finally decided upon. It was within two blocks of my first place, and would allow me plenty of space for both office and home.

Naturally, the new establish-

ment had its drawbacks and inconveniences—scores of them. But, as a starter, it was not too bad. It served one highly useful purpose while we occupied it, and that was to emphasize the various things we should incorporate or leave out when the time came to build our own home-office.

In those early days, much of the fun my wife and I had lay in working over sketches, revising them, often starting all over again, seeking to devise the perfect plan, the perfect layout. There seemed to be a thousand standards up to which the building would have to measure. Convenience, attractiveness, and economy were only three.

The search continued. We devoured all the familiar home magazines in the hope of finding some plan which could be fitted with the fewest changes to our location and needs. Medical magazines were thumbed without success. Visiting salesmen were questioned with little better results. Friends in the profession could give no help.

Last year, eventually, came the inspiration—a composite of all our ideas culled from articles, conversations, and our visits to other home-offices. Convinced that we had at last worked out an ideal plan for our purpose, the contract was let and the building started.

A temporary office was secured across the street during the building operations. The home was sold and moved to another location in the village. The home-of-

Office Combined

fice was turned over to us in March, 1932, and we moved in.

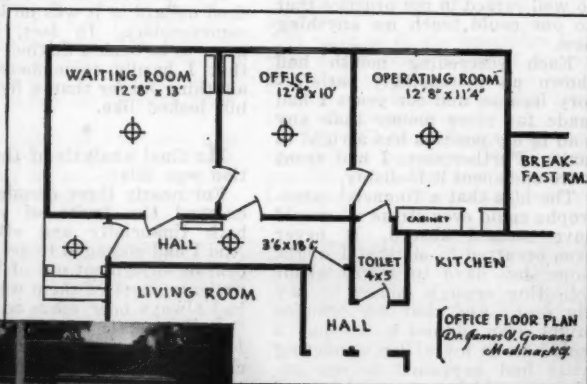
Throughout the entire period of planning we had sought in every way to hold the second-floor area to a minimum, at the same time providing the required number of home rooms in addition to office space, on the first floor. The plan in the final stages embraced first and second floors of the same size, with the office built as an addition upon the rear or south side of the home.

The house is of two-story, brick-veneer construction, colonial in design throughout. The bricks are a cream hue, with white trimmed sash and door frames. The house faces north and is situated parallel with the street. The office section is of frame construction, painted in a color similar to the brick, also with white trim.

Back of the whole is an elaborate flower garden and lawn, set off by tall shrubs in the rear and edged on the sides with wide flower-beds. In the center of the lawn is a bird bath.

The floor plan of the office is divided in three, allowing ample space for the reception room, consultation room, and operating room. The office entrance is at the side, and leads into a hall from which doors open into the waiting room and the private office. Living quarters begin at the far end of the hall, extending forward to the front of the house. As part of an "L" hall for the entire structure, this side hall serves as an additional entrance to the home.

The reception and consultation rooms are finished in cream, with gumwood trim in dull finish. The operating [TURN TO PAGE 117]



The result of 20 years' planning: a model home-office full of ideas for any physician about to build such a house.

Bills Aren't Necessary

DURING the halcyon days when people were making more money than was good for them, I would have smiled indulgently had anybody told me that the time was coming when I would revolutionize my attitude toward medical practice and put the almighty dollar into the background.

But that's exactly what I've done. And in the process I've learned this moral:

Real success in medicine does not depend upon coining money hand over fist. It lies in the satisfaction the physician gets by doing his best for the patient at a fee which is equitable to both.

When the seed of my trouble was taking root back in the days before 1929, I had been active in medicine almost thirty years. I was convinced that I had become so well versed in my practice that no one could teach me anything new.

Each succeeding month had shown an increasingly satisfactory income, and for years I had made far more money than any man in my position has a right to make. Furthermore, I had spent more and spent it foolishly.

The idea that a financial catastrophe could ever strike me would have seemed absurd. It never even occurred to me that I might some day have to worry about collecting enough money to pay my rent. And that my practice might ever diminish so that I would sit in my office wondering what had happened to my patients, would have seemed beyond the realm of remotest possibility.

Came the dawn, however, some four years ago. And I found myself up against it—as did a great many other doctors who had signed expensive leases and obligated themselves to capacity, an-

Here is the true story of a New York surgeon who doesn't believe in sending bills, and who allows his patients to set their own fees.

Impractical? Apparently not. His article is guaranteed to surprise you.

icipating a future which was never to be.

It was up to me to set my house in order. I knew I had to begin to do some tall thinking.

Doctors, lawyers, and business men were all in an equally bad funk. Well I knew it. And the mere fact that my credit was still good would not take care of my rent indefinitely. Nor would it pay the salaries of my employees and buy bread and butter for my family.

A pocketbook with several hundred dollars in it was no longer a commonplace. In fact, it soon grew to be such a distinct novelty that I hardly remembered what anything larger than a five-dollar bill looked like.

My final analysis of the situation was this:

For nearly three decades I had enjoyed the fruits of practice, both financially and otherwise. And I had managed to get a great deal of enjoyment out of life. My patients, most of them well-to-do, had always been made to pay all that the traffic would bear. Now, I determined, there would be a change. Since I had gotten all there was due me while times were good, it was only fair to give my patients some consideration when times were bad.

In other words, from now on it was not going to be a question of how much I could get out of my patients, but how much I could

— IF YOU FOLLOW THESE SUGGESTIONS

give them and still make a reasonable living.

That this new attitude of mine has tided me over these difficult times and has worked out with remarkable success in all ways will be seen from the experiences I shall relate.

The first basic idea that I wished to emphasize was my willingness to take care of patients for fees they could afford to pay. Necessarily, there is a limit to the reduction in fees for office visits; but there is no limit to the reduction in fees for operative work.

Taking it for granted that the majority of patients can pay a moderate office fee, I shall discuss only my approach to patients who needed operations.

To begin with, I let them more or less arbitrarily set their own fees. Then I combined this with a rule that fees for operations must be paid at the time the service was performed. I was anxious to get away from the idea of sending bills; and at the same time I wished the patient to be satisfied to pay for services when rendered.

The question of approach was most important. And I am frank to say that the success of my plan has depended largely upon a cer-

tain finesse I have had to cultivate in impressing patients with my sincerity.

Let us take some minor operative procedure such as the removal of tonsils, by way of illustration.

In a large city a fee of one hundred dollars is certainly a moderate one for an operation of this kind; but during the past four years even people formerly in good circumstances have found it difficult to pay such a fee. Persons on moderate salaries, of course, have found conditions even more trying.

Take for example Miss Smith, who has been a patient of mine for more than seven years. She is now a stenographer making \$35 a week. The other day when she came to see me about having her tonsils removed, this is what I told her:

"I want to do the operation for you, and I want to do it for a sum that you can afford to pay. I have no arbitrary fees for any kind of operations.

"You will have to stay in the hospital for two days. It will cost you \$25 for a semi-private room. I want you to consider this before



you decide what you wish to pay me.

"I send no bills to anyone and shall have to ask you to do me the favor of paying me at the time the operation is performed. I know that if you could pay me in installments, you would pay me more. But I do not want to worry you with bills; nor do I wish to bother sending them."

Of course, this places Miss Smith in a rather difficult position. She realizes that my services are probably worth more than she can afford to pay. Yet she may say that she can not spend more than fifty dollars.

If this happens, I make it clear that the operation is worth at least a hundred dollars, but that I shall accept fifty. I add that I will consider the remainder a moral obligation which she can pay in the future if she desires to do so, but that I shall send her no bills.

This makes Miss Smith feel that the transaction is closed as far as I am concerned; and, in order to assure her of my sincerity, I make duplicate copies of our agreement. One copy she retains. The other is placed in my files.

I have found that Miss Smith and dozens of others like her are sincerely grateful to me for making an arrangement of this kind. It by no means belittles my services to accept such a moderate fee. And, most important, I know that a certain amount of cash has actually been received.

In the beginning, I wondered how many of these so-called moral obligations would turn out to be worth anything. I determined that if I collected ten per cent of the amount they represented, I would be doing well.

With the passage of time, however, I have received so much more than ten per cent that it positively amazes me. Apparently the majority of people are honest and sincere in their intention to pay the doctor what is reasonably due him.

Naturally, it is impossible to suck blood out of a stone. There is no use trying to get money from people who haven't got it. But, every once in a while a patient will show his appreciation, not only by paying me more than I expected, but by recommending other patients.

A few [TURN TO PAGE 135]

Miss Anna Smith	Age 24
The.....Hospital	Tonsillectomy
Address	Local Anesthesia
Telephone number	Admission May 12, noon
	Operation 1:30 P.M.
Semi-private room, 2 days.....	\$ 25.00
Fee for operation.....	100.00
\$50.00 to be paid on admission to hospital. Remainder, moral obligation, to be paid at convenience of patient. No bills to be sent.	
	Signature
May 10, 1933M.D.

A typical case record used by the author.



THE NEWSVANE

NOVEMBER finds the Government sailing on a new tack. Wilting confidence in the recovery program has compelled it to modify its course. *Sound* rather than *swift* improvement will be emphasized from this time forward.

Leaders in the Government's campaign for higher prices and more jobs realize now that too much was promised in too short a time.

Granted that the NRA and the other new administrative agencies may eventually achieve their objectives, it has become clear that any steps taken must be painstakingly planned, shrewdly and unhurriedly executed.

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A definite realignment of governmental activities is in prospect before January, when Congress meets.

What Washington is most interested in bringing about are higher commodity prices. The 1926 level is its ultimate goal. This means a 40 per cent increase above current indices.

When this is reached, and not before, a stabilized dollar will probably be adopted.

Other basic aims of the Government remain the same. The means of attaining them vary frequently. That explains all the talk about inflation, credit, dollar devaluation, public works, and the like. These are all means toward an end.

Concerning these means there is little uniformity of opinion. Almost everything being attempted

is in the nature of an experiment. It is given a trial. If it doesn't work, something else is substituted.

And how have these experiments succeeded so far? What actual progress has been made? What blunders have been committed? Here is the summary of events since March 4:

Artificial stimulation of business during the summer months interrupted the normal seasonal trend, causing a let-down in the fall. Confidence wavered in the face of this unexpected and contrary-to-custom situation.

The NRA has made some progress. As this is written, more than 50 industrial codes have been approved. Hearings have taken place on more than 170. Scores of others are awaiting action. Results, however, have not—could not have—measured up to expectations.

Many observers say General Johnson is on his way out. As this is written, there is every evidence that he will be replaced by a more tractable, less martial administrator.

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As a business stimulus, the public works program has accomplished little. Up to this time, probably no more than five per cent of its \$3,300,000,000 fund has been spent. But the strings on the big purse are beginning to loosen. No doubt new thousands will soon be hired, purchasing power will be increased proportionately.

Banks are still sitting tight,

granting few loans. Reason: responsible borrowers are few.

The World Conference disappointed many. It may be a power for good later on, but its productiveness up to this point has been nil.

The biggest drawback in the present picture is *uncertainty*. Industry hesitates to commit itself before it knows where it's going. At the moment, uncertainty and apprehension are walking hand in hand.

The July-November business downswing appears to be easing off. Authoritative opinion points to a pick-up from now on—albeit a gradual one.

Employment is increasing moderately. So is purchasing power. Larger payrolls are likewise helping the situation.

Volume of business grows slightly less every day. But the falling-off is less sharp than it was two months ago.

Commodity prices are moving up gradually. Growing inflation during the next few weeks may further this tendency.

By pegging farm prices, the Government promises improvement in the financial status of the farmer.

Such international observers as Morgenthau are evidencing their belief in the outbreak of a European war within two years.

It seems to be the President's conviction that prosperity depends upon Government supervision of business. The private industrialist, he feels, has tied his own hands, and is suffering from conditions that can be relieved only by intervention from Washington.

Mr. Roosevelt's actions and statements give the clue to his distrust of most private investment and financial enterprises. Wall Street, as the home of these agencies, he regards askance.

Speculation, say reports from the White House, *must* be curbed. There are a number of methods of

doing it, and there will be no hesitancy in using them.

The influence of the President, while still nationwide in scope, is less strong in certain quarters than it was during the spring and summer.

His earlier activities were characterized by a bold, cheerful aggressiveness with which the majority of the public were in sympathy. Now, under the fire of slowly growing criticism, he is becoming more defensive.

There is no doubt, of course, that his power will continue to be felt. But as time goes on, opposition will wax stronger. One of the first skirmishes of consequence is certain to take place when Congress, openly recalcitrant, convenes in January.

Means of tax evasion and opportunities for exemption will no doubt be minimized in the tax bill which Congress is scheduled to take up at its forthcoming session. The guiding principle behind this bill is to carry out what has been termed our national "soak the rich" policy.

In line with its policy of boosting commodity prices, the Government has embarked on a new gold buying program. This, it hopes, will pave the way for dollar devaluation, make our currency less susceptible to speculative influences, and give the commodity dollar a fair trial to determine whether it will work.

Leading opponents of the gold plan are found among members of the Treasury. Arguments set forth by the latter are that the new maneuver lacks conservatism, encourages unsound money, and will blast confidence among investors.

Prospects of the plan are doubtful. It is simply another experiment.

Most authorities predict Russian recognition. Reasons: It will stimulate our export trade, help increase domestic commodity prices, lessen unemployment.

Reopening closed banks and insuring deposits in the country's open banks should certainly have a salutary effect on public psychology.

Some 2,500 weak banks are supposed to be recapitalized by January 1. This appears to be an impossibility. Since these 2,500 institutions can not qualify for deposit insurance until they are recapitalized, therefore, the number to squeeze in under the wire before the new year begins will be smaller than anticipated.

The new federal policy of converting into cash the claims of closed bank depositors is going to result in the distribution of nearly a billion dollars in cash. Purchasing power all over the

country will be augmented accordingly. This is one of the most out-and-out inflationary moves made so far.

To clear up any misunderstanding, it should be pointed out that depositors will receive about 50 (not 100) cents on the dollar. As unrealized assets are gradually liquidated, of course, the additional funds will be distributed.

The Home Owners Loan Corporation is bringing mortgage relief to a number of families who have been in danger of losing their homes. Branches of the corporation are being established throughout the United States.

Similar work is being done by the Reconstruction Finance Corporation in helping private mortgage concerns.

Boulder Dam's aerial ambulance



Wide World

To protect the lives of workers on Boulder Dam, as well as on the new Los Angeles Aqueduct, this plane has been placed on 24-hour duty between Los Angeles and Whittier, California. It was specially built for the work, and has a cruising speed of 125 miles an hour. Its use brings the Los Angeles General Hospital within two and a half hours of Boulder Dam and less than four hours from the Aqueduct.

FOR many doctors, there is no branch of modern medicine that offers a greater amount of genuine satisfaction or a wider range of real opportunity than the practice of pediatrics.

If a physician is blessed with a pleasing personality and an in-born love for children, he will find pleasures and advantages in this field not available in any other.

Here he deals with human beings in their most dependent and plastic stage of existence. Their utter helplessness makes its own appeal; their impressionability offers a challenge.

What boys and girls today think of their doctor will in large measure determine what men and women of the future will think of the medical profession as a whole.

To win the friendship, confidence, and admiration of a youngster, to become the hero of a childish mind, to make some boy or girl want to grow up strong and fine, physically and mentally, is a goal worth striving for.

Children are keenly discerning. They are quick to recognize real sympathy and perfect understanding, and equally quick to detect the sugar-coated pills of assumed affection. When a pediatrician is not a success, a study made of the cause of his failure will reveal in nine cases out of ten a personality which lacks something necessary to make it perfectly attuned to the ways of childhood.

Simply the joy to be derived from this contact with youth is not all that makes the practice of a child specialist attractive. For one thing, his work never grows monotonous. No two babies are born identical. No two de-



CHILD

By SANFORD

velop along parallel lines. Nor are they the same from week to week.

Preventive medicine seems to make more rapid strides in protecting children against disease than in safeguarding any other age group. New developments are constantly being evolved. The alert child specialist is kept ever "on his toes."

Then there are the parents to be considered. What doctor who works among children has not experienced that sense of satisfaction in knowing that he has saved a baby's life and won the everlasting gratitude of the parents?

There is permanency to the practice not found in other branches of the profession.

If a doctor wins the confidence of a child's parents and succeeds in making the little one his friend, there is small likelihood of the frequent shifting about from one practitioner to another that so often occurs among the adult groups. Even though parents move to another district, they will travel many miles and



Practice

OSBORN

many hours to reach the doctor who has saved their children in the past.

Many a woman will neglect her own health; many a man will postpone seeing a doctor; but let that man and woman have a baby of their own and they will, in almost every instance, sacrifice all, if called upon to do so, to assure their child prompt and efficient medical care.

So much for the general philosophy of child practice, as a layman closely associated with the medical profession views it. Recently, during a tour of several cities, I seized the opportunity to look more closely into the pediatric specialty to see if I could discern any guiding principle or quality associated with success.

I drew my conclusions from casual visits to pediatric offices. I will not state them here, but will ask the reader to accompany me on a number of such calls. The reader can then form his own conclusions, create his own philosophy of success in child practice.

Dr. H. B., located in the professional building of a metropolitan suburb; practice not yet limited to children but heading that way; been in practice three years; has a pleasing personality; parents say children like to come to his office.

Has a large box of inexpensive, unbreakable toys in waiting room, several small chairs, little table with lamp made of alphabet blocks, and a good natured office nurse. Practice growing; has not cut fees; is hardly conscious of the depression.

Dr. R. C., office on ground floor of his home in city of 400,000; started out in same office twenty years ago as general practitioner; got along well with children; limits practice to those under fourteen years.

Attributes continued success to thoroughness; never hurries through an interview; listens patiently to parents and answers all questions fully; explains treatments given.

Was first in city to offer complete protection against communicable diseases; name spread; was severely criticized by other local doctors; vaccinates babies before fourth month; completes diphtheria protection by sixth month; makes scarlet fever test on all children, immunizing when indicated; gives typhoid vaccine routinely.

Practice consists largely of health protection; has system whereby mothers are informed of what needs to be done and when the steps should be taken; prides self on small amount of actual illness among patients; is kept comparatively busy.

Dr. J. T., after internship took special [TURN TO PAGE 109]



100 Societies

A SUBSTANTIAL number of county and State medical societies are bending their efforts toward the establishment or revision of official fee schedules for use in their respective localities.

This is revealed in a survey of 100 medical societies, completed this month by MEDICAL ECONOMICS.

Explanation of the active, reformative work now being done along these lines may be found in the realization among physicians that wide discrepancies exist in many medical fee schedules now being used.

Some county and State societies, the survey shows, are now employing schedules compiled as far back as 1919.

One society recommends for the removal of a bladder tumor a fee of from \$100 to \$5,000; for a fractured skull, a fee of from \$50 to \$2,000. Maximum and minimum fees for various other operations listed in existing schedules often show an equally wide spread.

Not infrequently, one society's maximum fee for an operation is another society's minimum. For example, a certain medical group in the West recommends a fee of from \$150 to \$250 for an appendectomy. Another society in the East advocates a fee of from \$250 to \$1,000 for the same operation.

Often, doctors in the same town charge radically different fees. Some of them work on the principle of charging whatever the reduced circumstances of their patients indicate they can pay. Among these are physicians whose charge for an office call ranges as low as 50 cents, in contrast with the usual fee of \$2 or more.

By far the majority of medical societies have no fee schedule at all, the MEDICAL ECONOMICS survey reveals. There are three basic reasons for this: (a) the newness of economics as a subject for discussion among doctors; (b) the regard for possible newspaper criticism of an officially declared fee schedule; (c) the belief that the matter of fees is purely a question for the indi-

Report on Medical Fees

vidual physician to decide upon.

Comments stimulated by the survey indicate that the first cause is rapidly being eliminated. The best minds in organized medicine no longer hesitate to give

due importance to economic problems.

The second danger, newspaper criticism, has been a reality in several cases. Each time, however, this could have been avoided

FREE—The complete schedule of average, minimum fees, compiled from the MEDICAL ECONOMICS survey, will be printed and distributed free to readers, provided a sufficient volume of requests is received. This unabridged list includes approximately 600 operations and treatments. For your copy, address: MEDICAL ECONOMICS, Rutherford, New Jersey.

The schedule on this and the following page contains fees for about 100 of the more common medical and surgical procedures. It is one sixth the length of the complete list.

MEDICAL FEES

General medical attention and examination

Advice by mail	\$3
by telephone	1
Call by patient at office	2
by physician at house,	
day	3
night	4
for each additional mem-	
ber of same family	1
at hospital	3
Consultation, first	8
subsequent	4
Detention, per hour	5
Examination, general	
physical	5
Mileage (one way) beyond	
city limits, day	1
night	2

Examinations and reports for special purposes

Certificate, preparation of,	
for disability	3
Death claim, preparation	
of	3
Expert examination in	
medico-legal case	46
Expert testimony in court	
per day (expenses extra)	32
Insurance, life, examina-	
tion for	4
Post-mortem examination	28

Special treatment

Antitoxin, administration	
of	\$4
High-frequency and heat	
treatment	2
Immunization against	
scarlet fever	4
Intravenous medication,	
unspecified	4
with salvarsan or	
neosalvarsan	12
Urethra, catheterization of	3
Vaccination for smallpox	2

LABORATORY FEES

B. tuberculosis, microscopic	
examination for	3
B. Spirochaeta pallida, micro-	
scopic examination for	3
Blood count	3
Stomach contents, chemical	
and microscopic examina-	
tion of	5
Urinalysis	2

SURGICAL FEES

General operations and procedures

Anesthetic, administration	
of	8
Herniotomy	102
Plaster cast, application of	25

[TURN THE PAGE]

by the proper interpretation of the purpose of the fee schedule by the medical society officers.

An official fee schedule is no more self-explanatory than any other action of a medical society. It needs to be emphasized that the schedule is promulgated, not

as a mere price list, but as a protection to the patient against excessive medical charges, and as a safeguard for the ethical physician against "undercutting" by the profiteer who occasionally finds his way into the ranks of the medical profession.

[TURN TO PAGE 79]

Suturing of wound	\$4	Cholecystotomy	\$180
Transfusion of blood	60	Laparotomy	136
<i>Operations on the skin and appendages</i>		<i>Operations on organs of the urinary system</i>	
Abscess, boil or carbuncle, superficial, incision of	4	Kidney, removal of stone	in 212
<i>Operations on breast</i>		Aspiration of bladder	16
Excision (amputation) of breast	148	Urethrotomy, internal	40
<i>Operations on bones and joints</i>		Circumcision	19
Fracture of cranium	66	Phimosis, incision for	13
clavicle	30	<i>Operations on female generative organs</i>	
ribs	13	Cervix uteri, amputation	of 70
humerus	60	cauterization of	10
radius and ulna	42	repair of lacerations of	51
phalanx	5	Colporrhaphy	50
femur	95	Hysterectomy	165
tibia and fibula	71	Myomectomy, uterine	250
Osteomyelitis, operation	for 100	Perineorrhaphy	76
Aspiration of joint	18	Uterus, curettage of	36
Dislocation of shoulder	27	Abortion, surgical treatment of	27
of phalangeal joint	7	induction of, therapeutic	63
of hip	55	Delivery, uncomplicated	33
<i>Operations on organs of respiratory system</i>		instrumental	49
Adenoidectomy	26	Miscarriage, treatment of	30
Foreign body, removal of	from nose 3	Pregnancy, extra-uterine, operation for	150
Tonsillectomy	35	Version	61
Empyema, operation for	42	<i>Operations on the endocrine glands</i>	
<i>Operations on organs of the cardio-vascular system</i>		Goitre, operation for	157
Veins, varicose, operation	on 64	<i>Operations on the eye</i>	
<i>Operations on organs of the digestive system</i>		Enucleation of eye	73
Gastroenterostomy	218	Cataract, extraction of	128
Appendectomy	117	Foreign body, extra-ocular, removal of	3
Colostomy	200	<i>Operations on the ear and associated structures</i>	
Anal fistula, incision of	40	Cerumen, removal of	3
Hemorrhoidectomy,		Mastoidectomy	145
external	38	Paracentesis of membrana tympani	10
Hemorrhoidectomy	internal 63		

The Art of Living

By FREDERICK A. FENNING

Lest the purpose of this article be misunderstood, MEDICAL ECONOMICS wants to explain that there is no thought of exhibiting the misfortune of a fellow-physician, even though he be anonymous.

On the contrary, it is believed that readers will find rich food for reflection in what follows.

The physician is called upon frequently to renew a patient's perspective upon life. If he is to fulfill this professional duty, he should stop now and then to ask: "How much do I, myself, know about the Art of Living?"

"If the majority is insane," wrote Horace Mann, "the sane must go to the hospital."

Many mental patients in hospitals subscribe to this view. They are certain of their own sanity and equally sure of the unbalanced minds outside the institutions.

Recently I spent an hour, listening with keen interest to an old friend—I will call him Dr. Holmes—who is a patient in one of the large public hospitals. He is a college graduate, practiced medicine for a number of years, giving particular attention to nervous and mental cases, and for the past ten years has been what the law calls *non compos mentis*.

His present delusions, although quite apparent, are interwoven with evidences of clarity of thought characteristic of an intellectual background.

The ex-physician's philosophy, as he observes life from the seclusion of a mental hospital, is revealed in his own words which follow:

I keep in touch with what is going on in the world by reading. The newspapers and magazines make it very clear to me that

everyone outside these grounds is upside down.

People don't know what they are doing or what they are going to do next. One day they all feverishly buy stocks, the next day they sell them. They insist that a law be passed, then vociferously demand its repeal.

They elect a man to public office, and almost immediately try to relegate him to private life. They clamor for appropriations from the public treasury, then protest to high heaven against what is called the tax burden.

Now the reason for all these gyrations of the people is that they—I mean those on the outside—don't know the first principles of the art of living. I understand and practice this art, as do most of the men on my ward; and we chuckle when we think what fools the people are to keep us here. Instead of exerting ourselves to earn a living and trying to adjust ourselves to all the foibles and fantastic ideas of a lot of upside-down people, we are supported in comfort at the expense of these people.

Once in awhile we have a man here who can not adjust himself to our mode of living. Such a man ought not to remain. He belongs

on the outside with the folks who are never satisfied with anything.

Those outside the hospital think we stay here because they—the majority—put us here. Of course they put us here. But it is our own good judgment that prompts us to accept, free of all expense, first-class rooms, well cooked meals, a private theatre, circulating library, recreation rooms, and large grounds, the roads of which are quite free from traffic hazards. And people call us insane!

The art of living, as we understand it, is to do the things that

one is interested in doing, and to avoid controversy.

Yesterday morning the newspapers stirred up public excitement about a message the President was going to send to Congress. I could at once envision people all over the country watching the press dispatches and listening to radio speakers in order to get the first word as to the message itself and what Congress was doing.

Now that the news has reached them, they will split into controversial groups. Many will wait until Congress [TURN TO PAGE 99]

A Commentary on The Art of Living

By William A. White, M.D., Superintendent
Saint Elizabeth's Hospital, Washington, D. C.

IN every generation there are a few thoughtful people—but only a few—who devote some thought to the art of living.

For the most part, people are projected into the world with certain instinctive cravings which they promptly set about to satisfy. Their career is dictated so preponderantly by the circumstances of their entry into it and by their immediate surroundings that they have little or nothing to say about the part they play.

Increasingly as they grow older, demands are made upon them which they must attempt to fulfil. Few have either the time or the inclination for quiet thought and philosophizing.

But man has a streak—a pretty

broad one—which runs through his personality and which may be called by the ordinary name of laziness.

Most of these people who are bombarded by demands of all sorts go about their daily tasks wishing they might escape the tension of strenuous living and settle down quietly. This is a natural hope, a natural goal of everyone when pressed to the limit of his endurance.

Yet the tendency to be lazy is but one aspect of this highly complicated animal we call man. Clashing with his desire for rest and peace is an overweening ambition, a [TURN TO PAGE 107]

It's an Odd Thing About Medicine



When it's important that the baby lives.



When it's unimportant whether the doctor lives.

Courtesy Chicago Tribune

Doctors Who

DO YOUR PART!

That is the great message which should be heeded by the rank and file of medical men today.

Give the officers of your society not only your name, but your presence, your enthusiasm, your strength, your help.

Be not only a physician, but *a real member of the organized medical profession.*

Throw your patriotism into the cause of medicine, as so many of you threw it into the cause of democracy back in 1917.

Take time for meditation. Reflect on the fact that your careers, the careers of your medical sons, as well as of all your medical successors, depend one tenth upon the zeal of your officers, and nine tenths upon your own energy and action.

We have more than one example of what physicians can do when aroused, of how effectively they can make their strength felt once they have thrown off the shackles of individualism.

In California, physicians have formed a new, State-wide organization, their platform being to correct charity abuse, fight destructive legislation, and place the cause of medicine favorably before the public. Their first step—correcting abuse of the county health center—has given them a taste of success (see MEDICAL ECONOMICS, May, 1933).

In Arizona, physicians organized to defeat a vicious chiropractic bill, and succeeded (see MEDICAL ECONOMICS, July, 1933). The Philadelphia County Medical Society has made a mass attack upon thirteen separate abuses (see MEDICAL ECONOMICS, August, 1933).

There is no longer any doubt that medicine can make its power felt—*provided there is the necessary combination of leadership and cooperation from members.*

Wave the Flag

To get this combination, it is necessary—

That every physician who is physically able attend every meeting of his county medical society or equivalent organization;

That the members elect officers who are progressive;

That they support these officers by volunteering to serve on committees, and by giving freely of their time and energy;

That these committees define *definite issues*, and recommend *positive steps of action*;

That members stand shoulder to shoulder—with dishonor to the quitters—in carrying out this plan of campaign.

The strength-in-unity idea will be all-important during the next few years. In those communities where physicians remain within their individualistic shells, conditions will continue as they are or grow worse. In communities where medicine organizes—not in name only, but in spirit, thought, and action—conditions will improve.

Fundamentally, the cure for the economic ills with which we are faced today consists of the old familiar stuff called *cooperation*. Without that, our leaders are beckoning to an empty battlefield.

In view of the impending crisis, the doctor who is satisfied to stand on the sidelines and wave the flag—no matter how fine a gentleman, or how able a practitioner he may be—must face the accusation that he is a slacker.

Nor is there full patriotism in the mere act of signing a dues-check, or in filling a chair at the meeting hall.

The heart must be there—the heart and the voice—as well as the desire to serve the common cause!

H Sheridan Oskatel

Physicians at the Assembly. From top to bottom, Dr. George W. Crile, Dr. William Mayo, Dr. Charles Mayo. From left to right, Dr. Harlow Brooks, Dr. George V. Brown, Dr. George P. Muller, Dr. H. C. King.



SIX-DAY

The International Medical

HOW the human race manages to hang on to the earth at all is the wonder of many who attended the International Medical Assembly in Cleveland, during October 16-21.

For five of the six days and nights the Assembly was in session, medical men from all over the globe dwelt upon the catalog of things that can upset the human applecart.

"Pneumonia is the captain of the men of death," observed Dr. Harlow Brooks of New York.

"Hardening of the arteries is the biggest unsolved problem in medicine today," reported Dr.

Roy W. Scott of Cleveland. "It leads the list of the causes of death, and its toll is getting greater every year."

"One woman out of every eight who reaches the age of 35 develops cancer," said Dr. P. Brooke Bland of Philadelphia.

"Appendicitis is on the increase," Dr. George P. Muller of Philadelphia asserted. "Because it kills young people, it is more serious than cancer which mostly kills old people."

"The ever-mounting toll of automobile accidents annually exceeds our casualties in the World War. It is the major surgical



Left—Dr. James H. Means, professor of clinical medicine at Harvard, inspecting a demonstration case at the Assembly.

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From left to right on this page, Dr. P. Brooke Bland, Dr. H. B. Whitehouse, Dr. R. W. Scott, Dr. R. Marshall Allen, Dr. Cyrus C. Sturgis, Dr. Alfred W. Adson, Dr. M. Pfeifferberger, Dr. William B. Peck.

SCHOOL

Assembly Meets in Cleveland

problem of today," announced Dr. John J. Moorhead of New York.

"Yet," as someone in the Assembly audience was heard to remark, "there are still two billion of us alive. Which may or may not be something to merit a Thanksgiving this year."

Two thousand physicians and surgeons are reported to have attended this year's International Medical Assembly, which is held annually by the Interstate Postgraduate Medical Association of North America. The Assembly

provides a compact, postgraduate course in which medical teachers and clinicians of international reputation present papers and conduct diagnostic clinics in the principal phases of medical science.

For the meeting last month, the stage of Cleveland's Public Music Hall was converted into a miniature hospital. A series of booths erected backstage formed an actual hospital ward. Each of the booths was equipped with a hospital bed, and nurses were in attendance during all sessions.

Day by day, patients suffering from compli- [TURN TO PAGE 89]

Right—Dr. Hugh Cabot of Rochester, Minnesota, examining William Wagg, a patient from the Cleveland City hospital.



Eyes and the G. P.

By HUGH GRANT ROWELL, M.D.

THERE are various definitions of specialists. My old preceptor, Dr. Elmer Southard, whose drawling *bon mots* were as brilliant as his thousand-watt mind, used to tell us that to be a specialist you had to know as much as anyone else about other subjects and infinitely more about your own.

"Fine," said a colleague when I advanced all this, "but the general practitioner is going to have a difficult job of it, when you consider the limited amount of time any medical school can give to the assorted specialties, and if you accept the general thesis that the G.P. is really the most specialized among specialists."

•

I should summarize the status of the general practitioner in about this manner:

I think, first of all, that general medicine, as a specialty, is broad rather than deep-digging. This in itself makes for the necessity of living up to Dr. Southard's pronouncement as fully as possible.

Secondly, our specialist must have broad knowledge. He must be able to dissect his patient after the manner of the traditional

"bolt number ten" specialist; and he must also, to a far greater extent than the specialist who meets the Mayo definition, be able to put together the scroll-saw human puzzle which he or others have cut up.

I believe that the outstandingly successful general man is he who is best able to consider the whole being with no small degree of accuracy and examining technique.

I do not mean that medical school and hospital training is inadequate. I mean only that most doctors will have to do what I have had to do: amplify extensively their knowledge of the specialties. For all of us, it is a case of continuing to study after we get our diplomas, considering the sheepskin a challenge and not a professional beauty-sleep mattress.

Knowledge of the regional specialties is, in my opinion, necessary and inescapable. It is the third requirement of our specialist in general medicine.

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In a previous article in MEDICAL ECONOMICS I have discussed the general practitioner and ear work.

The response to this article and to a book of mine on the same subject, encourages me to present the case for what is an even more important organ: the eye. More important, I say, because 85 per cent of all our knowledge finds entrance via the eye, and 80 per cent of our muscular acts are governed by it.

In recent studies made by Miss Olive



Vitamins A, B, D and G

GUARANTEED

THE Committee on Foods of the American Medical Association has taken a commendable stand in the promotion of honest products and of honest advertising, by ruling that "Vitamin claims shall stipulate the specific vitamin or vitamins present." The Maltine Company concurs in this ruling.

Maltine With Cod Liver Oil is a biologically standardized product with a guaranteed potency of vitamins A, B, D and G. When administered with orange or tomato juice, vitamin C is supplied. This combination enables physicians to prescribe five important vitamins as a group offering a reliable

and beneficial method of building up bodily resistance and bringing about healthy, normal conditions.

First introduced in 1875, Maltine With Cod Liver Oil has maintained a position of leadership both in quality and in volume. The product is constantly under laboratory supervision to maintain its high quality and to assure the profession that the vitamin A, B, D and G content is absolutely guaranteed. Copy of biological and vitamin report will be sent to physicians on request. Manufactured by THE MALTINE COMPANY, Est. 1875, 30 Vesey Street, New York, N. Y.



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CERTIFOODS—sieved vegetables of known and guaranteed vitamin potency. Prepared by an exclusive process which conserves maximum vitamin values, proteins, calories and mineral salts—particularly iron and phosphorus. Prepared by **CERTIFOODS, Inc.** Subsidiary of The Maltine Company.

Grace Henderson and myself, our subway counts in New York City revealed that about 25 per cent of the population look at the world through glasses. It becomes apparent, therefore, that a good many million pairs of eyes today are being refracted.

Furthermore, this 25 per cent does not include the great number of persons who need glasses and are not wearing them. Nor does it include part-time users.

The real time to pay attention to the eyes is in childhood, beginning with that drop or two of silver nitrate which is now as much a part of every youngster's advent into the world as a spank on his nethers and the loud bawl with which he salutes his new residence.

Today, eye attention begins with the annual eye audits that are made in schools as a statute requirement of many States. *It is these examinations that the qualified medical man may and should regard as practice producers.*

The methods and principles on which this testing is based should be understood clearly by every physician. At present there is ample proof that such understanding is sadly lacking.

It is possible by simple methods to test, or rather "screen," the eyes of the youngest as well as the oldest school child of ordinary intelligence. The National Society for the Prevention of Blindness has long had available booklets on how to do this. Books on school health also carry liberal material on the subject.

The testing or screening consists of discovering cases of visual impairment and, *without attempt at diagnosis*, getting them into the hands of persons able to correct them. This is certainly not quarreling with the doctor's sphere of action, is it?

The school tests are done sometimes very nicely and sometimes

quite sloppily. It is up to the local doctors to drop in, observe, and find out how well the screening is done—remembering the principles of doing it.

For the screening tests (separating the children into those whose eyes need further study, and those whose vision and eye history is apparently normal), I prefer the "Symbol E" chart to the ordinary Snellen types, the Seitz, Reber, and others. You must, of course, be assured of ten to twelve footcandles of shadowless illumination on any chart. The "Symbol E" chart is best, first of all, because it can be used for all ages, and, second, because it cannot be memorized.

To me there is a sort of rhythm in the letters of the regular Snellen charts, which makes them easy to learn by heart. This, high school pupils lose no time in doing, since they delight in putting something over on you whenever they can, for the sheer joy of it.

With a little child, the bars of the "E" can be "piggy's feet" or the legs of a table, or the way the traffic cop points his arms, according to the tester's preference.

It is interesting, incidentally, to find how quickly a high school pupil can show you, with one or two hands, how a whole chartful of "E's" face.

The astigmatism test is no longer needed in school screening, because the idea there is to determine simply whether or not visual acuity is limited. The reason for such limitation is up to others to find. All the school should do is to find the case.

Instead of the astigmatism test, I like a simple one for muscle balance, using the Maddox rod. This helps explain some cases of headaches where visual acuity is normal. Normal vision in schools we consider to be 20/30 or better, without symptoms.

Diopters are not practicable for school testing. Nor is such ac-

"Most valuable remedy I have used in years"
(Pruritus)

"Acted like a specific in this case"
(Simple Acne)

"Most dependable remedy for Eczema

"I've ever used or heard of—"

"Only application I can depend on for results"
(Pruritus Ani)

"Never experienced anything that did its work so quickly"
(Eczema)

SUPERLATIVES

Strong statements—superlatives inspired by enthusiasm—and of course in an advertisement such expressions always appear exaggerated. But they are genuine and unsolicited, taken from among the thousands of equally enthusiastic letters from physicians both here and abroad. Surely where there is so much smoke there must

be fire. A product capable of arousing so much enthusiastic comment must have unusual merit.

INDICATIONS:

Eczema, Pruritus, Simple Acne, Urticaria, Poison Ivy, Tinea Trichophyton, Neuro-Dermatitis, Insect Bites.



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ANTI-PRURITIC**

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Dr.

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curacy necessary if you stick to the screening thesis.

Lighting the chart is highly important.

In my main office are several batteries of side-lights. These give a soft and correct illumination against a darkish green linoleum background, and avoid cross-lights and shadows.

There are now available, at moderate prices, a number of excellent test charts with their own lighting arrangements. Or you can get a light separately. As a matter of fact, a gooseneck desk light with a sufficiently strong bulb often proves quite satisfactory.

I mention such equipment and plans because they constitute the kind the general practitioner is likely to use for certain eye service which I believe he may wish to render.

The triple play at this point is: School—to Home—to Eye Service.

The family is notified whenever a child's eyes need further investigation. Usually a written note or form letter goes to the home. Then there is a follow-up visit by the nurse.

It would be much better, of course, if the parent were present at the screening, or came to the school later for an interview. That is one way in which taxpayers could save a good deal of money.

As it is now, the nurse spends about four times as much of her day on a single home visit as she would need to spend if the family came to the school.

The nurse may sell the family on eye service by the simple demonstration (in myopia only, of course) of how merely gazing through a pinhole in a card improves a near-sighted child's vision. What, then could real eye service do for the child, is her point. And it is well taken.

Very good. The school has done its part by discovering the impairment and presenting the need

to the parent. And the eye man takes over the case.

There is, beginning at the third or fourth grade in school life, a steady rise in myopia. An average incidence of 50 per cent is probably fairly accurate, although this figure has been known to range as high as 88 per cent in one college group. Hence, there is considerable opportunity in this field if you pursue it.

I might add that the school will often cooperate with you in steering the child to social agencies in case help is needed in buying glasses. Likewise, the classroom teacher can help mightily in persuading little Mary that glasses are meant to wear and not to break or to use as a parlor ornament alongside Sister Susie's oil painting of "The Stag at Bay."

You need not stop eye service with children, however.

Along comes a patient with headaches. Headaches, we know only too well, may come from the stock market, your wife's bills, certain dabbling in beverages, or what not.

But eye abuse or certain eye abnormalities, like muscle imbalance, can give a person as full a quota of headaches as anything else.

So the general practitioner has, in checking the eyes, the possibility of some pretty good leads in diagnosis. A source of light, a Maddox rod, some weak plus-and-minus spheres and cylinders, a few charts, and you can learn about eyes from them. An ophthalmoscope helps a whole lot too. And the cost is slight.

So far we have discussed screening and clue hunting (a term undoubtedly permissible when physicians like Conan Doyle and Benge Atlee can write such good detective stories after their medical training). But there's still another angle to the situation.

Have you ever considered actually refracting the eye and prescribing spectacles if necessary—



Protecting both mother and child against *calcium deficiency*

COCOMALT mixed with milk is not only a rich source of calcium and phosphorus; it also provides Vitamin D for utilizing these essential minerals.

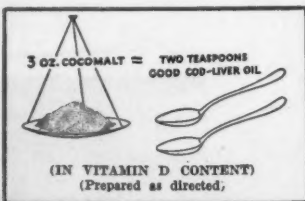
Prepared according to label directions, Cocomalt adds 110 extra calories to a glass of milk—almost doubling the food-energy value. It increases the protein content 45%, the carbohydrate content 184%, and the mineral content (calcium and phosphorus) 48%.

Children love Cocomalt — drink far more than they

would milk alone. It aids substantially in the development of their bones and teeth, and helps to safeguard them against rickets.

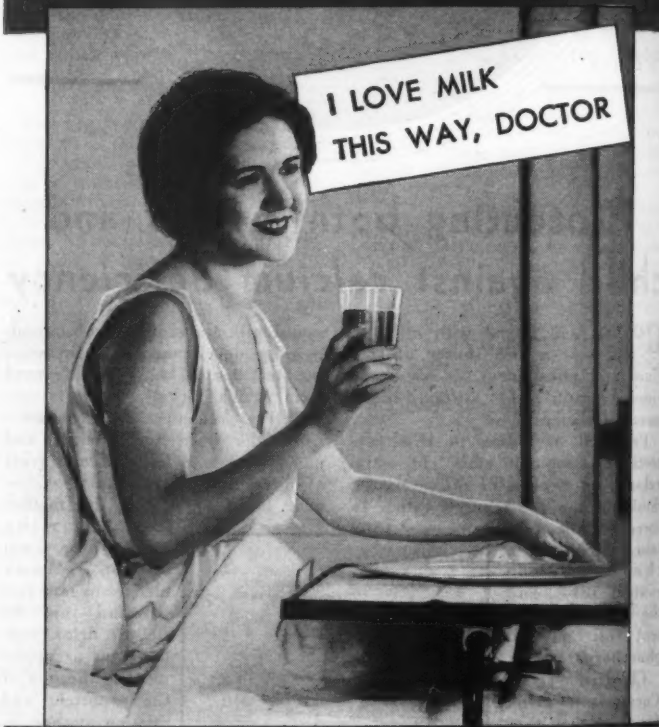
During pregnancy and lactation—when the need for calcium and phosphorus is at least twice as great as under normal conditions—Cocomalt helps to protect the mother

from “drawing upon her own skeleton”. Many physicians now recommend this delicious drink routinely as a supplement to the diet of the expectant and nursing mother.





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FREE COCOMALT TO PHYSICIANS

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Without cost or obligation, please send me a FREE trial
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WHAT THESE 3 TEASPOONFULS OF Cocomalt *add to a cup or glass of milk*

INCREASES THE CALORIC
VALUE OF MILK 70%
(MADE AS DIRECTED)

Cocomalt is a delicious, high-caloric food-drink—especially valuable for growing children and for expectant or nursing mothers. Laboratory tests show that when made as directed Cocomalt adds 70% more caloric value to a cup or glass of milk.

ADDS 30 STEENBOCK (300 ADMA)
UNITS VITAMIN D PER OUNCE

In addition to Cocomalt's high caloric content, this delicious food-drink is particularly rich in Vitamin D, containing not less than 30 Steenbock (300 ADMA) units per ounce—the amount used to make one drink. (Licensed by the Wisconsin University Alumni Research Foundation.)

MAKES MILK WONDERFULLY DELICIOUS

To add interest and variety to the hospital tray—to give a new impetus to lagging appetites—prescribe Cocomalt. Even patients who detest plain milk, or who have no appetite, yield to the delicious, creamy chocolate smoothness of Cocomalt. And delicious Cocomalt may be given freely and frequently, even in illnesses where the digestive mechanism is unable to cope with any but the simplest, most easily digested liquid foods. For Cocomalt is quickly digested—easily assimilated.



Daily proving its value in periods of special stress

COCOMALT is a scientific food produced by an exclusive process from sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added vitamin D.

It is designed to be mixed with milk, hot or cold; and so mixed, the result is a tempting, chocolate-flavor food-drink which is daily proving its

value in periods of special stress.

Cocomalt is accepted by the Committee on Foods of the American Medical Association. It comes in ½-lb. and 1-lb. sizes, at grocery and leading drug stores. Available also in 5-lb. size at special price for hospital use.

Free to Physicians. Mail card for a trial-size of Cocomalt, without cost.



DELICIOUS HOT OR COLD



Cocomalt

Cocomalt is a scientific food composed of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added Vitamin D.

R. B. DAVIS COMPANY

HOBOKEN, N. J.

a service not unlike that now rendered by opticians and optometrists?

I have long had the feeling that there is not enough moderate priced, medical eye service in most communities. And I believe, personally, that this is precisely the reason why laymen take their eye troubles (which are certainly in the medical field) to specialists who do not possess medical degrees.

I am not entering the debate between the medical and non-medical eye men. I am merely stating what I consider to be a fact.

Of course if you have no great interest in eyes, leave them alone. It may be, too, that your time is so occupied now that it would be unwise to add an eye department to your practice.

Or it may be that you have a most satisfactory ophthalmologist with whom you have some reciprocal arrangement about referring suitable cases. If so, you are just as well off without the eye department.

But you will still have to consider the eye factor heavily in diagnosis. As you know, pretty uncomfortable gastro-intestinal symptoms can be traced to eyes. And that's only the beginning.

Let's suppose, however, that you harbor a real interest in eyes, and that you believe you can benefit yourself and your patients by providing eye service.

You will probably decide to refract eyes, prescribe, and even sell spectacles.

I find many general practitioners, particularly in small communities, often adding to their professional card in the local paper the statement that they refract eyes besides engaging in general practice.

If you do this, you are not settling yourself up as an ophthalmologist. You are not operating for strabismus nor cataract. Nor are you doing enucleations. Your ser-

vice, as stated earlier, is more like that of the optometrist.

So far so good. How now to establish yourself in this field?

Obviously, though ministers may heed the call to go out and preach, you, as a doctor, cannot accept a call to refract eyes and go out on the highways and proceed to do such work. That sort of thing belongs in the grand old medicine show with the Micmac Eye Wash and Hair Restorer combined, one dollar a bottle, and a free minstrel show and tooth-pulling thrown in.

If I were going to set myself up for eye service, I would take some weeks off, go to a good eye clinic in one of the larger cities, and learn about refraction at first hand. You can, if you wish, arrange for courses in this field; and, when you have completed them, you're ready to do a good job.

Furthermore, after proper training of this sort, you will probably save the cost of your course by the unnecessary equipment which you will know enough not to buy. My own inclination has always been to buy limited equipment but of the best quality.

If you do ear, nose, and throat work now, you've got a darkroom anyway; so that helps. If not, black paint on the walls of a closet will get you one in a few hours. That's how my dark room was born. And it's a good one.

Two books, to me, have always been my optical bibles. May's little book is a perfect mine of information. The other is de Schweinitz's larger and more costly *Diseases of the Eye*. The pair cost ten or twelve dollars.

I am not going to suggest the extent to which you should follow the eye. The hunted look about the eyes of many cardiacs tells you something. You are paying plenty of attention to infections and foreign bodies now, in all probability. But the visual acuity, or "seeing"

Everybody's Business

By FLOYD W. PARSONS

WE have passed through four emotional states and are now struggling through the fifth.

First came bewilderment concerning developments following the collapse of the boom; succeeding this was fear of the future; next came resentment against those who failed to make good or betrayed their trusts; then was an outburst of joy and enthusiasm over the appearance of strong leadership; and now we have a state of confusion respecting the soundness of current plans and policies.

It is natural that every up should have a down—every action, a reaction. New philosophies are never accepted quickly. Social and economic changes cannot be brought about except at the great inconvenience of some.

An industrial revolution, such as we are now witnessing, necessitates sacrifices on the part of many, and brings substantial losses to a great army of men and women. So it would be foolish for anyone to suppose that a tremendous movement of the kind now under way in our country could get by without meeting criticism and a goodly measure of ridicule.

The President evidently is swaying between powerful opposing forces. There are wide differences in the viewpoints of creditors and debtors.

Capital finds it difficult to see through the eyes of labor. Farmers are influenced by objectives differing materially from those of industrialists. Our producers of copper, oil and other products that are in plentiful supply in foreign lands want a tariff to protect their interests, while those who are not threatened by outside competition desire a leveling of all barriers to the free flow of trade.

Our nationalists urgently demand that we devote ourselves almost exclusively to building up domestic markets, while the internationalists declare a huge volume of foreign trade is absolutely essential to the nation's strength and prosperity.

The Chief Executive of the United States today would have to be a superman to be unaffected by the forceful arguments of divergent groups.

It is no wonder he has wavered between important proposals. It is not strange his course of travel has been now a little to the right, and then a bit to the left.



The greatest danger the Administration faces is the reaction that is now resulting from a long series of costly mistakes. In the light of subsequent developments these mistakes can now be stated in a manner so convincing that the President may decide the old way is the only way.

He may be brought to the conclusion that no program can be introduced which is

What we must hope for is that there will be no deviation from the fixed aims that were originally set forth.

The President's intentions are well known to everyone and need not be repeated. The vital question is the possibility, or probability, of their attainment.

Of one thing we may be sure, Mr. Roosevelt will be the most forgotten man in history, and the most disappointing figure in our nation's life if he should turn away from the noble purposes of the present great adventure and decide to shift back to the old beaten road where one must travel over peaks of speculative hysteria and then through valleys of gloom and misery.

free of evils, and that the evils we know about may be better than others which are outside our experience.

Some are fearful he will be persuaded to accept the thought that greed, poverty, distress and injustice are unavoidable parts of every human system, and that it is useless to try and take care of those who lack the ability to protect themselves.

The arguments of the stand-patters are many. They say that all attempts to manage trade and to fix prices arbitrarily are futile, and that we should permit the free action of natural laws.

Their line of reasoning is not without convincing features. And about all the answer one can

make is an ambiguous "Yes, and No."

There is no denying that serious mistakes have been made in recent months by Mr. Roosevelt and his associates. That was to be expected. In order to enforce all of the new measures of the present Administration immediately, half our people would have to be given jobs watching the other half carry on with the nation's work.

But the present national movement to reorganize our social and industrial systems is founded on dire necessity for the good of the masses of our people and can be carried to a successful conclusion if the aims are reduced to a few primary fundamentals and then pursued to a final finish with the same strength of character and intensity of purpose that marked the progress of the Administration in the first four months of its life.

The great majority of our people do not want to return to the policies and practices of the years gone by. They are willing to follow along new paths, submit to reasonable personal restrictions and patiently bear up under the burdens and inconveniences entailed in the transformation of our nation's established life.

But they must feel confident they are following leaders who are impartial and cannot be coerced by threats of reprisal or concerted action designed to frustrate righteous aims.

The American public wants the President to stand solidly back of his program to reform the Stock Exchange and put an end to legalized financial thievery through the issuance of excessively overvalued securities. It also wants him to oppose with all his power any attempts on the part of organized labor to take advantage of the present emergency to consummate class injustice to a degree that will scare capital out of the ordinary channels of trade.

We cannot insulate ourselves

from the rest of the world.

This would be difficult even if we were a debtor country, but being a creditor nation it is absurd even to consider such a policy.

Nor can we ignore completely the law of supply and demand. The arbitrary fixing of prices of everyday commodities has no record of successful operation that justifies the acceptance of any such plan.

We cannot take away entirely the initiative of the individual, and we cannot countenance the socialization of business and industry in a way that makes the Government the master in every situation and sole arbiter in all the controversies that arise between the different interests.

But the Administration can render great service by sticking to its purpose to force business and industry to clean house.

We want no more depressions of the kind we are now passing through, and the one and only way to accomplish this end is to continue the present movement toward national planning for American industry, so that eventually there will be some form of sound and intelligent control over the employment of money and credit.

In the past we have suffered beyond measure from the senseless use of capital for purposes that merely resulted in the further expansion of industries that were already suffering from overproduction.

When we have finally forgotten about the drafting of codes, the fixing of prices, the distribution of doles and the foolish erection of insurmountable tariff walls, there will stand out one tremendous achievement brought about by the turmoil of the present industrial experiment, and that supreme achievement will be Co-operative Economic Planning for the entire nation and all the forces that enter into the business life of the American people.

CLEVELAND ACADEMY MAINTAINS FREE TELEPHONE CALL SERVICE

FOR more than two years, the Cleveland Academy of Medicine has been operating for the convenience of its members a 24-hour information and emergency call service.

Chief among them, in these days when keeping down overhead is a thing most of us have to think about, is the fact that no additional charge is made to Academy members for this serv-

Commercial agencies usually charge their members five or six dollars monthly, so that the Academy is giving its members in this one function alone about sixty or seventy dollars' worth of service each year, the entire active dues, including State dues, being \$17 a year.

Getting a doctor for the patient is something [TURN TO PAGE 131]

This form used by the Academy's call service provides about as complete and accurate a record as possible of each doctor's whereabouts from hour to hour.

The Doctor and His

CURRENT CONDITIONS REVIEWED

THE President's recent speech, announcing the establishment of a Government market for gold, acted as a real tonic to security prices.

For the two weeks preceding it, the stock market had been sick in bed, convalescing from a series of unhappy relapses that had begun on October 14.

Once the news became public, recovery was startling. Stock prices made up in two days more than a third of what they had lost in the preceding fortnight.

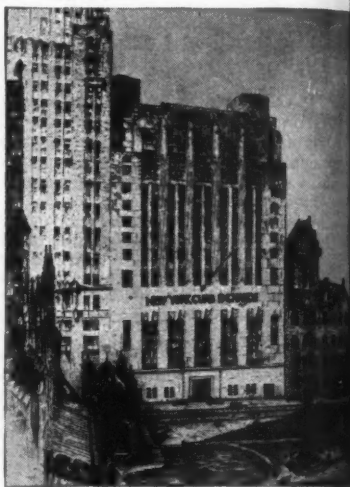
Some observers say that the advance bore all the earmarks of having been manipulated by professional market operators. However, this belief scarcely holds water, in view of the fact that the gain was made on a fairly sizeable volume of trading, ranging between two and three million shares a day.

With so many outside influences tending to divert stock prices from their regular course (if such they can be said to have), earnings are cutting less ice than they normally would. Certain it is that third-quarter corporate earnings statements have not been rosy enough to justify the higher prices witnessed as this is written.

Here and there, it is only fair to admit, earnings do look surprisingly good, despite the imposition of higher costs under the NRA. But this is not the rule.

These are drear days for market prognosticators.

Hence, it is not without the expectation of being contradicted that I say the general trend of



stock prices should continue upward at least until the beginning of next year.

By upward, I don't mean sharply upward. Rather does the progress indicated by present straws in the wind promise to be extremely, not to say painfully, gradual.

Labor disputes, bulging production costs, and rising taxes, of course, are the factors bound to curb stock advances most forcefully—in the long run. The investor who keeps a sharp eye on these can not help gaining some inkling of what's ahead in the market.

I mention the long-term trend because it is with this that the physician who holds stocks should be most concerned. In times when spectacular developments come rapidly, one upon the other,

Investments

By WILLIAM ALAN RICHARDSON

as when the recent overtures for Russian recognition preceded by only a few days the establishment of an American market for newly-mined gold, the seasoned stockholder is extremely careful not to lose his long-term perspective. For it is on the basis of this that he governs his investment program.

It may be a psychological reaction to all the news from abroad that has appeared in the daily press lately which explains the current revival of interest in foreign bonds. Confusion resulting from the Government's inflation policy is undoubtedly responsible also. Investors, in a dilemma as to how to protect their capital, have been purchasing both foreign bonds and foreign currency—a bit blindly, it would seem.

Naturally, foreign bonds have risen in consequence. But they have not advanced sufficiently to compensate for the decline of the dollar.

As a matter of fact, since this

Before placing any money in stocks or bonds, the author strongly urges physicians to observe these precautions: 1. Purchase adequate life, annuity, disability, and other insurance. 2. Maintain in a bank a working capital fund equal to six months' total expenses. 3. Invest remaining funds either in accordance with the investment principles given in this article every month OR (preferably) on the advice of professional investment counsel.

is true—since foreign bonds have strengthened only trivially at a time when the drop of the dollar is tantamount to the cancellation of a considerable portion of the debt—the distrust with which foreign securities are now regarded by American bankers becomes quite evident.

United States Government bonds continue to be the apple of many an investor's eye—probably because all through the depression, bondholders have lost less on them than they have on the majority of other issues.

As pointed out in these pages two or three times during the summer, however, the action of Government bonds can no longer be expected to prove very startling. In the same way that quotations will probably not drop to any extent, they are not likely to soar.

Top-grade corporate bonds are more or less in the same class with Governments. They will probably adhere to present levels for quite some time.

Among the best bets just now, in my opinion, are sound, second-grade bonds.

I refer here to issues priced generally between 45 and 70, and yielding, say, 9 per cent or a little higher.

Obviously, the amount of second-grade bonds embraced in a physician's investment list should not be allowed to get out of bounds. In the majority of cases, 20 per cent of a doctor's total investment fund placed in these issues should be adequate.

[TURN TO PAGE 129]



HOW to give a *thorough* health examination for a reasonable fee? That's the question.

A cursory once-over of the patient can be undertaken at little expense; but a complete, "stem-to-stern" inspection requires procedures possible only with the special laboratory equipment found in hospitals, cooperative laboratories, and the larger private clinics.

It is no wonder, then, that individual examinations, as conducted today, are often so expensive that patients shy away from them in alarm. All the physician can do in such cases is to curtail the employment of laboratory aids, limiting himself to the use of those likely to reveal positive findings. By so doing, he is unfortunately forced to defeat the real purpose of the health examination.

Because chemical analyses, metabolic rate determinations, electrocardiograms, roentgen examinations, and serological tests involve so many extra charges against the individual being treated, he soon tends to become discouraged. It is at this stage that he decides to look for a physician who will give him a less expensive, albeit thorough, medi-

Next: the

cal examination—or, still worse, he gives up the idea altogether.

Rather than allow the periodic, thorough physical examination to remain beyond the reach of the ordinary patient, simply because of the laboratory equipment necessitated, the physician should discover how this equipment can be made more readily accessible to his patients.

A way out lies in having his hospital establish a special "diagnostic department."

At the instigation of physicians on its staff, a certain Midwestern hospital has already solved the problem in this very manner. Not only has it been able to reduce the cost of diagnostic work by centralizing and coordinating its laboratory equipment, but it has also been able greatly to extend the use of this equipment by offering it on a collective, flat-rate basis.

Before this plan was adopted by the hospital, a thorough cost study was made. This resulted in the finding that patients could be admitted to a prospective diagnostic department at a minimum charge of \$12 a day for two days or more. The only additional expense in each case, it was estimated, would be the room—ranging in price from \$2.50 to \$7.50 a day.

To house the new department, a formerly unoccupied section of the hospital was set aside. Temporarily, the staff roentgenologist agreed to supervise the work, assisted by a trained house-officer.

It was decided that the \$24 minimum charge for a two days' stay in the hospital would include all diagnostic measures which patients might require. If, according to the usual practice, the pro-

"Diagnostic Department"

**IT OFFERS
PHYSICIANS,
HOSPITALS,
PATIENTS, A
THREEFOLD
ADVANTAGE**



Courtesy Merck & Co.

cedures were itemized, a fee as low as this would, of course, never suffice to cover them. But by offering a complete service at one time, and for cash, the hospital has in actual practice, been able not only to break even, but to make a nominal profit as well.

Ever since it became known to physicians and patients in the surrounding country that a diagnostic department had been established in their local hospital and could be taken advantage of for a known minimum cost of between \$29 and \$39 (depending upon the room selected), the number of patients has been increasing steadily.

To further augment the attractiveness of the service, the house-officer writes a complete physical examination and history of each patient. Shortly after the latter's discharge, an abstract of this is typed and sent to the referring physician.

On behalf of the hospital, the staff has been more than glad to make available an arrangement whereby diagnostic cases can be segregated and the laboratory work conducted with greater efficiency. The roentgenologist has been similarly pleased, due to the added activity of his de-

partment. This has given him an opportunity to study a much wider selection of cases. Fees are lower, to be sure; but the quantity of work done is so much greater that this disadvantage is more than offset.

Moreover, offering the use of diagnostic equipment for a cash consideration has made possible a lower cost to the patient and a diminution in the number of accounts receivable by the hospital.

During the first year this plan was in operation, 240 patients, or six per cent of the local hospital census, presented themselves for examination. Only a few cases stayed longer than the minimum two-day period. The way it has worked out, an average of twenty cases a month are handled.

Another decided benefit revealed during the first year of this venture was that thirty per cent of all patients admitted returned afterwards for surgery. Thus, the potential value to the hospital of these physical examination patients was substantially greater than might have been supposed in the first place.

Physicians who have availed themselves of the diagnostic de-

Persistent, Agonizing Neural Pains Relieved!

In a series of cases of obstinate, agonizing distress resulting from neural pain, definite relief was obtained from the following basic treatment, as outlined by Dr. M. D. Bloomfield in *American Medicine*, September, 1932.

PLAN OF PROCEDURE FOLLOWED:

1. Removal of all suspected and visible foci of infection;
2. Physiotherapy in the form of diathermy, heliotherapy, irradiation therapy, and hydrotherapy;
3. Dietetic measures instituted toward corrective assimilation and metabolism;
4. Magnesium sulfate for its eliminative hepatic and detoxicating effect;
5. Mono-Iodo-Cinchophen for the absorptive and alterative effect of the nascent iodine and the analgesic and sedative action of the cinchophen.

Mono-Iodo-Cinchophen is available for clinical use under the name Farastan. This is the same product which has proved so effective in the alleviation of pain, reduction of swelling, and increase of motion in arthritic and rheumatoid conditions.

REG. U. S.

FARASTAN

PAT. OFF.

MONO-iodo-CINCHOPHEN COMPOUND

May we send you a full-size package for clinical trial together with an abstract of Dr. Bloomfield's paper which includes his technique?



THE LABORATORIES OF
THE FARASTAN COMPANY

137 South 11th Street

Philadelphia, Pa.

partment declare that its affords them a means of obtaining for their patients the highest form of modern hospital service, without in any way disturbing the continuity of their practices.

From the viewpoint of the patient, the experiment has been even more successful. An astonishing number of unsuspected ailments have been revealed, such as mental disease, cardiac pathology, hyperthyroidism, and tuberculosis. Routine examinations have also brought to life a number of abscessed teeth.

Curiously enough, gall-bladder disease was discovered by chole-

cystography in 62 cases out of the 240 admitted to the hospital during the first year. Of these, 22 were subsequently operated upon, confirmation resulting in all instances.

As evidenced by the success of this hospital with the experiment, a diagnostic department can be not only a theoretical asset, but a practical one. This being so, it will repay the individual practitioner to urge the opening of such a department in his own hospital. Well worth considering is the threefold advantage it offers to the physician, hospital, and patient, alike.

"Check your own terms" — letter says

BUSINESS conditions during the last three years have brought about a return, in some parts of the country, to the old "payment in kind" or barter system of settling the doctor's bill. Labor, goods, farm produce are being accepted perforce by physicians and hospitals in exchange for services.

Many patients who would be glad to make "payment in kind" to a physician who would be equally glad to receive it, are restrained from doing so by the fear of offending. Both patient and doctor hesitate to take the initiative in reaching an agreement; thus the debt runs on indefinitely, worrying the patient, inconveniencing the doctor.

Deciding to act for himself, a physician in a Midwestern section where grain producing is the chief occupation, recently sent the following letter to patients who owed him. He reports good results.

Dear —:

On looking over some of my accounts, I find you have an unpaid balance of \$—— for medical services rendered quite some time ago.

In order that this may be cleared up as conveniently and quickly as possible, will you cooperate with me by checking one of the mutual agreements below and returning this letter in the enclosed stamped envelope?

Sincerely yours,

1. I enclose \$——. Please apply this to my account.
2. I have —— bushels of wheat which I will deliver for you at the elevator at 20 per cent above market price on date of delivery. (Wheat is on the basis of No. 2)
3. I have stock, other grain, or —— for you to come and see.
4. I will come in and discuss the matter with you on November —.

Patient's signature:

THE SORE THROAT

WITH the passing of the summer heat and the advent of cool weather, the common cold or sore throat becomes more frequent and more serious. Next to tonsilitis, acute pharyngitis is the most common form of sore throat.

A 20 per cent solution of Argyrol, freshly made, and painted on the affected parts with a swab, or sprayed with an atomizer, is the standard treatment wherever colds are known.

Argyrol thus applied

- *relieves the inflammation*
- *reduces the congestion*
- *eases the pain*
- *facilitates swallowing*

Moreover, if applied as soon as the symptoms appear, the Argyrol treatment will often prevent the general weakness and prostration which so frequently accompany the sore throat.

Argyrol has served the general practitioner and the specialist for thirty years and is universally known for its effectiveness and dependability.

For the greater security and convenience of physicians, Argyrol is now also available in tablet form. This insures accuracy, genuineness and saving of time when a fresh solution is required quickly for the office, the bedside or the operating room. Four tablets dissolved in one-half ounce of water make a 10 per cent solution in a few minutes; other strengths in proportion.

When you use *Argyrol* you can expect uniform and satisfactory results.

A. C. BARNES COMPANY
(INCORPORATED)



Sole Manufacturers of Argyrol and Ovocerrin

New Brunswick

New Jersey

"Argyrol" is a registered trademark, the property of A. C. Barnes Co. (Inc.)

Who's Responsible For the Sick-Poor?



THE DOCTOR OR THE GOVERNMENT ? ? ?



QUITE some time ago, when the Reconstruction Finance Corporation announced its direct relief program for the sick-poor, a rule was promulgated forbidding the payment of physicians' fees for service to indigent patients.

Relief for the ailing was to be furnished right up to the point of medical service, and no further.

In spite of this rule, which was little known even to relief workers themselves, a good deal of R. F. C. money was spent by the various administering state agencies for doctors' fees. The job was just too big for close supervision. The rule was lost in the shuffle. And a few doctors, at least, benefited from the error; as, here and there, some of the appropriated funds trickled into the coffers of private practitioners.

The newer law, under which the Federal Emergency Relief Administration is putting to work a fund of \$500,000,000, takes an entirely different view of the matter.

Recognizing that the physicians of the country cannot, in addition to their professional responsibility for the health of the nation, also assume financial responsibility

for furnishing medical and surgical aid to the vast host who can no longer pay for it, Administrator Harry Hopkins is taking steps toward the end that physicians shall be paid for services rendered to the indigent sick, within the limits of funds provided for the purpose.

Administration officials have made a careful study of the methods of relief work as employed by agencies now operating in the State of New York; and Federal relief, it is understood, will follow the same general plan.

There will be red tape, of course. No government agency, it seems, can operate without it. But, the important thing is that once the red tape requirements are complied with, the doctor may be certain that his bill will be paid and paid promptly.

This is the point most stressed at the Administration offices, and the one that has worked out to the greatest advantage of the physician in the New York State administration.

Before the plan was adopted, the physician was quite certain that his charity patient would never pay him. Hence, he carried practically the entire financial burden of medical care for the indigent himself.

Now, in New York, under the

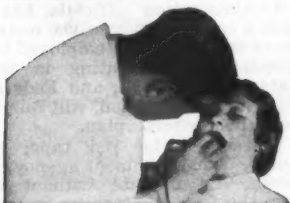
Consider Electrocoagulation in these widely prevalent conditions:



Chronic Cervicitis: One application of 10 to 20 seconds usually sufficient. With Kimble Electrode, neither general or local anesthetic is required. Possibilities of stenosis remote. Very little after treatment necessary. No carbonization of tissues. The prophylactic treatment of cancer.



Turbinal Obstruction or Pressure: Under topical anesthesia, electrocoagulation is painless, with full co-operation of patient. Absence of bleeding permits direct vision throughout the procedure. Patient loses no time from routine work—no hospitalization. A comparatively simple, efficient and artistic procedure.



Infected Tonsils: Electrocoagulation of the tonsils in cases where orthodox surgery is contra indicated, is producing clinical results gratifying to physician and patient alike. Are some of your patients inquiring about it? Many who feared surgical procedure have submitted to the electrocoagulation method, and thus avoided the dangers attending procrastination.

The Victor "Micro" Surgical Diathermy Unit

Offers the ideal range for electrocoagulation or fulguration in eye, ear, nose and throat work; in urology, gynecology, proctology and dermatology. Delivers a highly refined current under micrometer control—so essential to the successful use of these energies.



You may have for the asking, reprints of clinical articles on the above subjects; also a bulletin describing the "Micro" Unit and the electrodes designed specifically for these applications.

General Electric  **X-Ray Corporation**

2012 Jackson Blvd. Formerly Victor X-Ray Corporation

Chicago, Illinois

plan adopted by Mr. Hopkins' organization, the physician has but to go through the red-tape routine of having the proposed service authorized by the proper authority in the Relief Administration before he calls on the patient. He may then proceed with the absolute certainty that payment for his service will be made promptly, in accordance with fixed rules.

The compensation basis for the service is to be worked out by agreement between the physicians

in a given territory and the local Relief Administration officials. At the date this is written, no fee schedules have been filed in Washington, although it is thought that they may have been fixed in some States.

Such fees must be fixed with a view of conserving relief funds, but must not go below the minimum "consistent with good professional judgment."

[TURN THE PAGE]

Does your reception room qualify?

MOST of us lose our perspective in time. We tend to overlook many of the little things so important to a successful practice.

The average reception room is one of these oft-forgotten elements that need more than a mere daily dusting. It gives the patient his first permanent impression of the doctor, and is one of his best or worst advertisements.

The patient—for whose convenience it is supposed to be set aside—judges it by the following standards. Check the list, and see if your reception room measures up to par:

1. Are direction signs arranged so that new patients can find their way to the reception room without trouble?
2. Are the appointments of the room (e.g. pictures, furniture, draperies) cheerful, appropriate, and in good condition?
3. Does the room provide sufficient floor space and seating facilities for a maximum number of patients?
4. Is it well lighted, comfortably heated, and properly ventilated?
5. Is the reading matter in good condition and up to date?
6. Is the room so partitioned that your assistant may continue her work while patients are waiting?
7. Has she been instructed to greet each entering patient, telling him how soon the doctor will be free?
8. Has she been advised not to leave the reception room unnecessarily while patients are waiting?
9. Have you told her to pacify long-waiting patients?
10. Is she supplied with enough clerical work to keep her busy during idle moments?



THROAT AFFECTIONS are prevalent during winter months and alleviating agents are frequently required.

THANTIS LOZENGES

H. W. & D. (Merodicein, $\frac{1}{8}$ grain, Saligenin, 1 grain)

are antiseptic and anesthetic for the mucous membranes of the throat and mouth

PHYSICIANS have found Thantis Lozenges effective in the treatment of acute pharyngitis and in infections of the mouth and throat. They are particularly useful following tonsillectomy. ¶Literature and clinical data will be mailed to physicians on request.

Hynson, Westcott & Dunning, Inc.
BALTIMORE, MARYLAND

Novem

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Medical societies would do well to consider this question, and be ready to submit recommendations to local relief officials. The Relief Administration welcomes such cooperation, and counts rather heavily on the doctors themselves to assist in working out a plan that will most completely fulfill the purpose of the law.

The Administration prefers to deal with the profession through its organizations, both State and local. It is hoped that the relationship between the physician and his patients may remain the same under the relief plan as in private practice. Once the red tape requirements are fulfilled, the doctor becomes again—just the family physician.

The service proposed is not designed to supplant services already being rendered by local relief agencies, but to supplement them and to cure some of the obvious defects now in existence. It will imply, for example, the continued use of hospitals already under the subsidy of local, private, or State funds. It is contemplated that

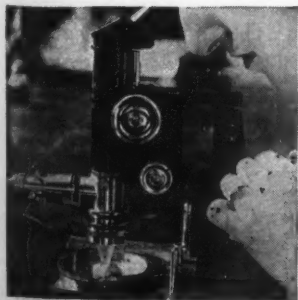
they will continue to render such service under such patronage, and that no federal funds will be given them.

It is thought, however, that under federal administration, the financial burden of caring for the sick will be shifted from the shoulders of the practicing physician, where it does not belong, to the Federal agency, where, unfortunately, for the present at least, it does belong.

Thus it is hoped that "good medical service at a low cost" will result, "to the mutual benefit of the indigent patient, physician, and taxpayer."

As said before, there will be a good deal of red tape in connection with the Government's relief activities. But this is all fairly clearly explained in a seven-page booklet, *Rules and Regulations No. 7*, which interested physicians and medical societies can procure by addressing the Federal Emergency Relief Administration at Washington.

New aid for the surgeon



Wide World

Here's a new, direct-vision microscope with which it is hoped to expedite the work of surgeons in certain cases and types of operations. This instrument is said to possess a great advantage in that it enables the user to examine tissue microscopically by direct instead of by transmitted light. It has been installed in Westminster Hospital in London, England.

S.M.A. The Only Antirachitic Breast Milk Adaptation

SO SIMPLE

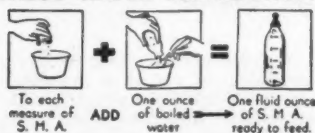
that even Mrs.*can prepare it properly.

SO SIMPLE

that Mrs.I will thank you for sparing her much worry and trouble.

(*† No doubt you can supply names from your practice.)

ANYONE CAN FOLLOW THESE SIMPLE INSTRUCTIONS



This proportion remains unchanged. As the infant grows older you merely increase the quantity as with breast milk. (See table below.)

SAVES PHYSICIAN'S TIME TOO

S. M. A. is simple to prescribe. The physician is relieved of exacting detail because he has only to increase the *amount* of S. M. A. (as with breast milk) when in his judgment it becomes necessary. The accompanying chart suggests average amounts.

The physician's time is also saved because the chances are good for excellent results under his skilled supervision.

SUGGESTED FEEDING TABLE				
Infant	Total Quantity In 24 Hours In Ounces	No. of Feedings	Quantity per Feeding In Ounces	
2 days	1 to 2 1/2	2 to 3	1/2 to 1	
3 days	2 1/2 to 5	3 to 4	1/2 to 1 1/2	
4 days	5 to 7 1/2	4 to 5	1 to 1 1/2	
5 days	7 1/2 to 10	5 to 7	1 to 2	
6 days	10 to 12 1/2	5 to 7	1 1/2 to 2 1/2	
7 days	12 1/2 to 15	5 to 7	2 to 3	
2 weeks	15 to 17 1/2	5 to 7	2 to 3 1/2	
4 weeks	17 1/2 to 20	5 to 7	2 1/2 to 4	
6 weeks	20 to 22 1/2	5 to 7	3 to 4 1/2	
2 months	22 1/2 to 25	5 to 6	3 1/2 to 5	
2 1/2 months	25 to 27 1/2	5 to 6	4 to 5 1/2	
3 months	27 1/2 to 30	5	5 1/2 to 6	
3 1/2 months	30 to 32 1/2	5	6 to 6 1/2	
4 months	32 1/2 to 35	5	6 1/2 to 7	
5 months	32 1/2 to 37 1/2	5	6 1/2 to 7 1/2	
6 months	37 1/2 to 40	5 to 4	6 1/2 to 10	
to 1 year				

6 to 7 Mos. At this age it is customary to add soups and vegetables to the diet, especially spinach.

* These quantities refer to fluid ounces of S. M. A. diluted according to directions.

TIME SCHEDULE

7 feedings: 6, 9, 12, 3, 6, 9 and once during night.
 6 feedings: 6, 9, 12, 3, 6 and 9 or later.
 6 feedings: 6, 10, 2, 6, 10 and 2.
 5 feedings: 6, 10, 2, 6 and 10 or later.
 5 feedings: 6, 9, 12, 3 and 6 or later.

NUMBER OF FEEDINGS IN 24 HOURS.

The number of feedings in 24 hours should likewise be the same as those allowed breast-fed infants; generally stated not more than seven and not less than five. However, when the infant reaches the age of 6 to 7 months, it is customary to replace one of the feedings with an 8 ounce meal of farina broth soup.

S. M. A. RESEMBLES BREAST MILK

S. M. A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically-tested cod liver oil; with the addition of milk sugar, potassium chloride, and salts; altogether forming an *antirachitic* food. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

ETHICAL OF COURSE

If babies were all alike, it might not be quite so necessary to have a physician plan and supervise feedings. However, from the very beginning every package of S. M. A. has carried these instructions prominently on the label: "Use only on order and under supervision of a licensed physician. He will give you instructions."



S. M. A. CORPORATION
CLEVELAND, OHIO

© 1933

S. M. A. PRODUCES RESULTS - MORE SIMPLY, MORE QUICKLY

MISCELLANEA

BY the time the year 2033 arrives, Dr. George Crile recently told members of the American College of Surgeons, the physician's duty will be limited to prevention rather than to treatment.

Surgery, he said, is approaching its peak. Preventive medicine is going to cut down radically the tremendous volume of operations now being performed.

Jewish M.D.'s in Germany are grateful for the financial and moral support of Christian medical groups all over the world, it was announced on October 15 by the American Jewish Congress in New York.

One of the greatest revolutions in medical history is now going on, asserted Dr. Henry E. Sigerist at a meeting of the New York Academy of Medicine on October 19.

Dr. Sigerist, who is professor of the history of medicine at Johns Hopkins University, predicted at the same meeting the advent of socialized medicine, calling it the inevitable answer to over-specialization.

"The physician's position in society," he emphasized, "is never determined by the physician himself, but by the society he is serving. We can oppose the development [of socialized medicine], we can retard it, but we will never be able to stop it."

Fearing that politics may influence the selection of medical examiners for aviators, the Aero Medical Association has petitioned the President to block any change

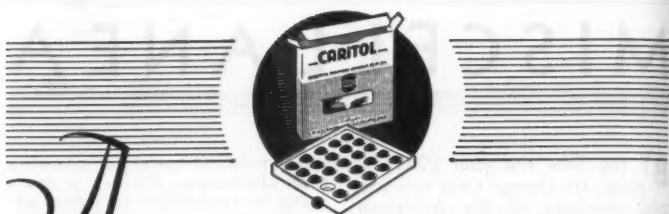
in the existing system of choosing such physicians. Politics is deadening in any sphere of public administration, points out the Association, but there are places where it is absolutely fatal. This is one of them.

A low-cost medical service for high school pupils was announced on October 12 by the New York Health Education Bureau. Under this new arrangement, subscribed to by the five county medical societies in the New York metropolitan area, the bureau will furnish medical examinations for fees as low as 25 and 50 cents. Should the students be unable to pay even such small sums, the examination will be given at no cost whatever.

"People demand miracles of the physician. And the remarkable part of it is that the miracles are often produced," observed Dr. J. Bently Squier at the recent convention of the American College of Surgeons in Chicago.

"The perpetual problem of the physician," Dr. Squier pointed out, "is to make people think of their health before it is too late. The majority are much more interested in doing those things that wreck health than in doing the things that safeguard it."

The medical genius who amazes the world with his startling, singlehanded discoveries will soon be no more, observed President James Bryant Conant of Harvard, at the 150th anniversary celebration of the Harvard Medical School, on October 8. "The



Announcing CAPSULES OF SMACO CARITOL

IN response to demand by physicians, small Caritol capsules are now available in packages containing 25 and 50 each, identified as Smaco 500. Each capsule represents 5 drops of Caritol (0.3% carotene in oil). The liquid form, of course, is still available (Smaco 505).

Caritol capsules provide an easy way to measure doses and are especially recommended for individuals who object to drops.

Fruit and Vegetable Form of Vitamin A—No Fishy Taste

Carotene is derived from fresh vegetables and thereby represents the form in which most vitamin A is consumed by the human body.

Helps Build Resistance

Caritol, by virtue of its vitamin A activity, promotes growth and, as indicated by experimental studies, may be an aid toward the establishment of resistance of the body to infections in general.

Also Capsules of Caritol With Vitamin D

For patients who object to Cod Liver Oil, we offer capsules of Caritol with Vitamin D (Smaco 520). The vitamin D is prepared for therapeutic use by methods (Zucker process) developed at Columbia University. These small capsules are offered in boxes of 25. Each capsule is equivalent to 5 drops of the liquid form. Therefore, two capsules are equivalent to three teaspoons of good cod liver oil.

Prescribe capsules of Caritol plain or with Vitamin D to help build resistance. *Easy doses, no fishy taste, no bad after-taste.* Send for samples.

S. M. A. CORPORATION
CLEVELAND, OHIO



great advances being made in medicine today," President Conant said, "can best be described as the result of mass attack. The new way is less exciting, but it is none the less effective. Advances in the future in medicine . . . will be made largely by co-operative effort."

The excessively high maternal death rate in the United States was pronounced "due largely to controllable causes" in a study completed during October by the Childrens Bureau at Washington.

Statistics covering 7,380 deaths in fifteen states, revealed that only 42 women had received proper prenatal care.

The study will soon be ready for distribution among the medical profession. Its basic objective: to reduce maternity deaths.

A new argument against contract medicine was pointed out last month by Dr. Joseph V. F. Clay, president of the Homeopathic Society of Philadelphia. Said he: "State or socialized medicine can operate only by additional taxation. Taxpayers will resent this increase."

McGill University has a brand new neurological institute, made possible largely through a \$1,250,000 donation by the Rockefeller Foundation. This should make McGill one of the leading brain research centers in North America.

Mae West's curves are admired by physicians. At the convention of the Central Association of Obstetricians and Gynecologists in Milwaukee last month, Dr. W. R. Holmes, former president, declared "If it is Mae West who is responsible for this fashion, my hat is off to her. The return to plumpness in women is a boon to motherhood."

Are chemical children possible? The wife of Dr. Earl E. Dudding of Huntington, West Virginia, plans to prove that they are. Just now, she is said to be preparing the layette of a little "Chemical" Dudding who is supposed to arrive about the time this issue of MEDICAL ECONOMICS reaches its readers.

To provide medical relief for moderate wage-earners by means of small monthly payments, the Fulton County (Ga.) Medical Relief Association was incorporated during October. Every member of the Fulton County Medical Society, it is said, will ultimately join the Association. The latter will elect as non-voting members family heads having incomes of \$150 a month or less, and non-heads of families with incomes of less than \$75 a month. According to present plans, non-voting members will pay \$1.50 a month, in return for which they will receive the services of a physician whenever needed.

A scathing denunciation of low-priced hospitalization projects was voiced at an October meeting of the medical society of the District of Columbia, by Dr. Seth A. Brumm, president of the Philadelphia County Medical Society.

Physicians, he said, should oppose the free clinics aggressively, and refuse to contract with insurance companies and compensation boards at low prices. He reiterated the statement that only \$22 of the \$150 spent annually by the average family for medical care goes to a doctor.

"What we need is more newspaper publicity like this," agree doctors who have read the following editorial, abstracted from the Waukegan (Ill.) News-Sun of October 18:

"Some interesting facts on the popular practice of dodg-

Clinical on Dietary Control

GINGIVITIS

1st year (standard diet), incidence	74.9%
2nd year (standard diet + citrus fruit juices) .	12.4%
3rd year (standard diet, recheck period) . .	60.3%

DENTAL CARIES

1st year (standard diet), incidence	78.0%
2nd year (standard diet + citrus fruit juices) .	33.7%
3rd year (standard diet, recheck period) . .	83.4%

Three and a half year study of 440 Mooseheart children by The Sprague Memorial Institute at the University of Chicago shows citrus fruit juices to be an important nutritional factor in the control of gingivitis and of dental caries. Physicians interested in diet and the metabolic aspects of disease will find valuable observations and data in this exhaustive monograph covering the Mooseheart study. Special pre-publication price—\$1.

DEFINITE progress in establishing the exact relationship between diet and dental disorders is reported in "Diet and Dental Health," a monograph soon to be published by University of Chicago Press.

Following one year each of clinical control and test periods and one and a half years of recheck, these conclusions were reached:

Standard Diet Inadequate

"1. The average American diet is adequate in calories but appears to be deficient in certain substances that are requisite to dental health. This dietary deficiency may be the ultimate cause of much of the gingivitis, pyorrhea and dental caries with which we are afflicted.

"2. Gingivitis and dental caries can occur in the majority of a large group of children who are receiving a quart of milk, one and one-half ounces of butter, a pound of vegetables, half a pound of fruit and nearly one egg a day. These foods do not, therefore, contain substances that are specifically antagonistic to gingivitis or dental caries.

Citrus Fruits Effective

"3. The addition of a pint of

orange juice and the juice of one lemon to a diet that is nearly adequate in all other respects supplies something that leads to a disappearance of most of the gingivitis and an arrest of about 50% of the dental caries.

Three Ounces Not Enough

"4. Dental caries again becomes rampant and gingivitis redevelops in most of the cases when the citrus fruit intake is reduced to three ounces a day for one year. Three ounces is not enough.

"5. Children display a definite tendency toward the development of carious lesions which is nil or low in some cases and high in others. This tendency can, perhaps, be ascribed to heredity. The administration of an adequate amount of citrus fruit juice to a diet that is nearly adequate in other respects reduces the intensity of the carious process; but does not completely remove the effects of the inherent tendency in all cases.

Growth Accelerated

"6. Orange and lemon juice contain something that acts as a growth stimulant to children."



CALIFORNIA FRUIT GROWERS EXCHANGE... Marketers of...

Evidence of Dental Disorders

HEIGHT GAIN (BOYS)

1st year (standard diet), av. gain, 13-yr. group	1.6 in.
2nd year (standard diet + citrus fruit juices)	2.8 in.
3rd year (standard diet, recheck period)	2.5 in.

WEIGHT GAIN (BOYS)

1st year (standard diet), av. gain, 13-yr. group	8 lb.
2nd year (standard diet + citrus fruit juices)	15 lb.
3rd year (standard diet, recheck period)	12½ lb.

How Study Was Begun

The study culminating in these conclusions was undertaken after preliminary work by Dr. Milton T. Hanke, Associate Professor of Biochemistry in the Department of Pathology, and a member of The Sprague Memorial Institute at the University of Chicago, in collaboration with the members of the Chicago Dental Research Club. Upon the suggestion of this group and The Sprague Memorial Institute, the California Fruit Growers Exchange agreed to furnish fruit and additional funds to guarantee the completion of the research.

The California Fruit Growers Exchange also made available to the University of Chicago Press the forty-eight costly color engravings and other plates, which illustrate this monograph. This makes it possible for the Special Advance (\$1.) Edition to contain the identical full color illustrations that will be used in the regular \$4. edition.

Physicians: Send For Book

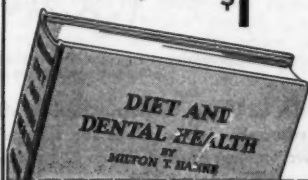
Physicians and Nutritionists, as well as Dentists, will find much of the clinical material in "Diet and Dental Health" directed to them. Tables give precise data, such as serum calcium, oral bacteriology, etc., on all children included in the three and a half year Mooseheart study group. This permits correlations for various purposes. The Mooseheart

research is easily the most comprehensive clinical nutritional study of children on record. Only a limited number of subscriptions for the monograph can be made available to the professions at \$1., and an early return of the coupon and remittance is urged.

Copr., 1933, California Fruit Growers Exchange

350 PAGES

48 pages of illustration chiefly of actual color photographs. Pre-publication offer: Special Advance Edition durably bound \$1



UNIVERSITY OF CHICAGO PRESS, Div. 411-M
5750 Ellis Avenue, Chicago, Illinois

Enter my order for "Diet and Dental Health," at the pre-publication price of ONE DOLLAR. I enclose ☐ money order, ☐ check, ☐ currency.

Name _____

Street _____

City _____ State _____

Sunkist Oranges, Lemons, Grapefruit

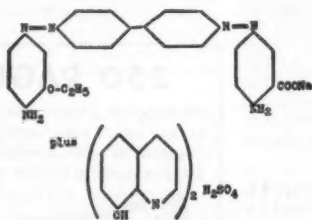
Original Research Develops Non-Staining Urinary Antiseptic

AMBAZIN is the result of original research in our laboratories.

The first objective was to produce a non-staining chemical compound for the conjunctive treatment of genito-urinary infections which would be effective in acid or alkaline urine and exert very definite bacteriostatic as well as bactericidal action in the genito-urinary tract.

Another important objective was that it could be given by mouth without disturbing or irritating the gastro-intestinal or renal tracts.

Our research was successful—resulting in the chemical compound:



*Diphenyl-disazo-ethoxyaminophenol-aminobenzoic Sodium
plus Hydroxyquinoline sulfate*

In addition to being highly efficient, **AMBAZIN** is unusually economical for the patient. The cost of a two weeks' prescription (42 capsules, each 0.2 gram) is approximately \$1.50.

Dosage: One capsule t. i. d.

Write for reprints of the published work and a full size package of 42 capsules for clinical trial.

THE LABORATORIES OF
THE FARASTAN COMPANY
137 South Eleventh St., Philadelphia, Penna.



ing bills were revealed at a hearing on the inheritance tax in the estate of the late Dr. Leon G. Brackett.

"According to the findings, the net estate amounted to \$18,893.43, but in addition to this sum the estate had outstanding bills against former patients amounting to \$25,000, of which about \$21,000 will never leave the pockets of the debtors.

"People realize that if they do not pay the utility companies they will have their electricity and gas shut off. But they feel that stalling off the doctor is a more respectable game. They do not stop to think that he deserves his money as much as the next man."

Word has it that Senator-Doctor Royal S. Copeland, chairman of the Senate Crime Investigating Committee, was robbed of \$400 while on his way to a crime session in Detroit.

A quack, ballyhooing his "cures" from the rear end of a wagon shouted: "I've sold 6,000 bottles of this remarkable remedy without receiving a single complaint. What does that prove?" To which someone in the crowd piped up: "That dead men tell no tales!"

The amount the average citizen spends for medical care, gasoline, and cosmetics is about equal, says a release from the Medical Society of the State of Pennsylvania. Each involves an annual outlay of approximately \$25.

"Wholesale and radical operations must give way to calm and rational surgery," declared Dr. A. H. Swinburne in an item in the Des Moines (Iowa) Register of October 15. "All deaths result-

ing from operations should be investigated by the authorities to prove that the surgical work was properly done and that the case required the operation," he added. "A State law to this effect would protect the public as well as the doctor."

Group hospitalization in Wash- ington will be a reality by December 1, it was predicted recently by Joseph H. Hines, chairman of the movement.

Nine of the ten eligible hospitals in the capital have formally approved the plan. Fundamentally, it is an insurance system for providing hospital care. Persons paying a fee, perhaps as low as 75 cents a month, will be entitled to three weeks' care at any one of the participating institutions. If forced to remain beyond that period, they will receive hospitalization at a substantial discount from the regular rates.

Persons unable to afford a phy- sician would, according to a newly proposed plan, be given welfare orders similar to a food order. They would be permitted with this welfare order to retain medical services of their own selection for a two weeks' period. The doctor would accept the order in place of a fee, billing the State relief board for his services.

Objections raised against the plan are three in number:

Fees would not be the same for all physicians.

The doctor could charge according to his usual schedule.

The public would probably flock to the highest-priced practitioners.

Doctors themselves are being driven into the indigent class through the failure of municipalities to finance the medical care of indigents, declared Dr. E. A. McDonald, newly-elected presi-

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A mixture of the Sodium Salts of Pentose Nucleotides. Prepared under the direction of the Committee on Nucleotide Therapy of the Harvard Medical School.



We are glad to announce a widely increased interest in Nucleotide therapy on the part of the medical profession.

Clinical reports and articles in the medical press have shown the value of Pentnucleotide in agranulocytic angina, malignant neutropenia and other similar conditions.

If any physician wishes to keep his files on this subject up to date, we will gladly mail him any of the following reprints, a limited supply of which we now have available.

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☐ "The Treatment of Malignant Neutropenia with Pentose Nucleotides"—Jackson, Parker, Rinehart & Taylor, J. A. M. A., vol. 91, pp. 1438-40, Nov. 14, 1931.

☐ "The Neutropenic State—Its Significance and Therapeutic Rationale"—Doan, J. A. M. A., vol. 99, pp. 194-202, July 16, 1932.

☐ "The Nucleotide Therapy of Agranulocytic Angina, Malignant Neutropenia and Allied Conditions"—Jackson, Parker & Taylor, Am. J. Med. Sci., No. 3, vol. cxxxiv, p. 297, Sept., 1932.

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dent of the Toronto (Canada) Academy of Medicine, on October 4.

"The municipalities must be made to assume payment for medical services rendered to indigents within their borders. Otherwise the Provincial Government should establish state medicine with payment of a living salary to the profession," he said.

Every chamber of commerce should sponsor an active public health committee, declared Dr. Herbert J. Samuels in the Weekly Bulletin of the California State Department of Health. A committee of this sort, Dr. Samuels explained, ought to represent professional, business, and industrial groups. As such, it would be in a good position to support and interpret to the public the activities of private and public health agencies. Plenty of room for work exists in the analysis and study of public health work, in the encouragement of "preemployment" physician examinations in commercial and industrial firms, and in the work of securing more health publicity space in local newspapers.

A change in the State law will be necessary before New York City hospitals can adopt a system of group payment for hospital treatment, said State Superintendent of Insurance, George Van Schaick. A committee engaged in studying the plan, however, anticipates the introduction of a bill at the next legislative session that will modify it.

An investigation serves no purpose in proposing a problem unless it also suggests a solution, implied John A. Kingsbury, secretary of the Milbank Memorial Fund, in his introduction to the annual report of the fund.

Specifically, his criticism was directed at the failure of the Com-

mittee on the Costs of Medical Care to propose a comprehensive program capable of solving the basic problem it uncovered.

"This failure," said Mr. Kingsbury on October 10, "can not be ascribed wholly to a lack of vision . . . In all fairness it should be said that much of the fault lay with obstructionist tactics on the part of certain groups of physicians who generally control medical organizations and often are able to use the great prestige of these organizations to prevent rather than to promote the delivery of adequate medical services to all the people."

"When a doctor is called out on an accident case," recently asserted Dr. Arthur C. Martin, president of the Nassau County (N. Y.) Medical Society, "he probably leaves behind patients who pay him and make it possible for him to live. He loses some of these patients, or he has been put to an inconvenience, and he is entitled to some financial recompense. That is only fair.

"I believe that we should come to a positive understanding about the entire matter and find out where the doctors stand with regard to accident cases.

"All too many accident patients declare that they did not send for a doctor, and that, therefore, they do not feel obligated to pay for his services."

Groups of one hundred families or more will be allocated to each physician who volunteers his services under a new medical relief plan just approved by the Kent County (Mich.) Medical Society. Payment for the treatment of these families will be made by the local relief commission at a monthly rate of one dollar per family.

Although the medical costs borne by the county will be increased some fifty thousand dollars a year, the additional ex-

FOR SUCCESSFUL RESULTS IN INFANT FEEDING, USE—



←WITH FRESH COW'S MILK AND WATER

Dilutions of fresh cow's milk and water can now easily be made similar to human milk in percentages of fat, protein, carbohydrates and total salts, by the addition of HYLAC.

COMPARE THESE FORMULAS

COW'S MILK DILUTED CARBOHYDRATE ADDED

Milk, 22 oz.; Water, 13 oz.;
Added Sugar, 2 oz.

Fat	2.1 %
Protein	2.0 %
Carbohydrate	8.1 %
Cal. per oz.	18

WOMAN'S MILK

Fat	3.5 %
Protein	1.5 %
Carbohydrate	6.5 %
Cal. per oz.	20

COW'S MILK DILUTED HYLAC ADDED

Milk, 22 oz.; Water, 13 oz.;
Hylac, 2 oz.

Fat	3.2 %
Protein	2.3 %
Carbohydrate	6.5 %
Cal. per oz.	20



←WITH THE ADDITION OF WATER

A dried milk formula which has all the advantages of properly modified cow's milk, with the additional benefit of increased digestibility.

COMPARE THESE PERCENTAGES

WOMEN'S MILK DILUTED LACTOGEN

MILK FAT	MILK PROTEIN	MILK SUGAR	MILK SALTS
3.50 %	1.50 %	6.50 %	0.20 %
3.12 %	2.03 %	6.66 %	0.44 %

Lactogen is indicated for infants throughout the entire period of infancy, especially for those who have a limited capacity to digest fresh fluid milk.



←WITH WATER ALONE OR WITH MILK AND WATER

A low fat and high, easily-digested mixed carbohydrate formula especially indicated for infants who

A Show limited digestive tolerance for fat.

B Require a high caloric allowance, especially those who can take only a limited volume of fluid.

C Are underweight as a result of digestive disturbance, illness or excessive activity.

Nestle's Food consists of malted whole wheat, malt, dry milk, sucrose, wheat flour, salt, dicalcium and tricalcium phosphate, iron citrate and cod-liver oil extract. Contains vitamins A, B and D.



NOTE: None of the above products is advertised to the laity. No feeding directions are given except to physicians. All three products have been accepted by the Committee on Foods of the American Medical Association.



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pense, will be fully justified, it is asserted, in better care of the patients, and will preserve intact that doctor-patient relationship.

Specialization, says the president of the Pennsylvania Medical Society, is doomed.

Due, in part, to the depression and to the reaction from overspecialization, increasing numbers of medical students are turning their backs on postgraduate work in particular fields and are undertaking general practice instead, as soon as possible after graduation and internship.

"It helps no one if a child is supplied with food, only to die for lack of medical care." This point was emphasized by Philip C. Staples, chairman of the speakers corps of the United Campaign in Philadelphia.

The campaign, which began October 30, is seeking six million dollars for the maintenance of 146 welfare agencies and for the relief of the unemployed in Philadelphia.

"Doctors, apparently, are beginning to see the light," says an editorial in the Philadelphia Record of October 7. "They are at last discussing plans to treat the poor on a wide, organized scale, without making the doctors paid servants of the State, and without destroying the patient's freedom to pick his own physician.

"This is heartening. This shows the doctors realize that unless they develop some substitute for socialization of their profession, socialization will be forced upon them, planned by demagogues and administered by politicians.

"It is up to the doctors to forget the word 'socialism' and develop the needed rational reforms in medical economics.

"They will find that those doctors who fly into insensate rage at the suggestion of any change

are usually those doctors who profit most from the system as it is.

"As long as these doctors are in control, we shall have the paradox of 10,000,000 Americans without medical attention—and hundreds of destitute and poverty-stricken doctors without patients.

"Medical insurance on a wide scale and State aid to patients are coming. The doctors have time to make certain the changes will be beneficial to all concerned—if they will only develop a compromise plan themselves."

"To Let" signs in the windows of Viennese apartments are not what they seem, report American physicians living there. "If you plan to go to Vienna this year," they advise, "be careful how you select your living quarters!"

At first glance, it seems, there appear to be a tremendous number of furnished apartments available. On closer inspection, it is found that what is for rent is not an apartment, but the privilege of occupying one with the present possessor.

Now and then furnished quarters are advertised *zum allein bewohnen*. This the optimistic American visitor translates to mean "for living alone." He soon finds out his error, however; for such an arrangement gives him merely the use of kitchen with perhaps a private bath.

The life span of the average physician is not so great as that of one of its ordinary life policyholders, optimizes the Metropolitan Life Insurance Company. Physicians do, however, live longer than the general run of the country's male population.

A life table prepared by the company reveals that at age 30 a doctor—then just about getting started in his career—has a life expectancy of 38 additional years, as compared with 40 years for the ordinary Metropolitan Life

As a prophylactic measure during the coming season—



AS A SPRAY or topical application in the nose and throat, Hexylresorcinol Solution S. T. 37 is of particular interest to physicians as a prophylactic measure during the coming season.

Hexylresorcinol Solution S. T. 37 exerts a safe, rapid and powerful antiseptic action. In laboratory experiments, a one-to-three dilution of this highly active bactericide destroys vegetative bacteria on less than 15 seconds' contact. It retains its activity when applied to tissue surfaces

and affords rapid penetration of microscopic crevices.

Hexylresorcinol Solution S. T. 37 is pleasant for the patient. It does not irritate or burn, or produce offensive chemical tastes or odors. It is absolutely non-toxic.

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policyholder, and 37 years for the male population as a whole.

Well, what's a couple of years one way or the other, after all?

Another little contribution to the ease of living, which most of us have been only half conscious of is the screw-cap closure for medicine bottles, as a substitute for the old-fashioned cork.

What patient, or doctor either, has not muttered oaths over corks that wouldn't come out, corks that had to be pushed through into the bottle, corks that broke off, corks that wouldn't fit, corks that have absorbed the medicine, or which the medicine had oxidized away?

A few years ago came the moulded screw-cap, made of bakelite or similar compound. Handy, certain of closure, and provided in a variety of colors, it shouldered its way rapidly into favor. Even the most humble looking bottle became a thing of distinction when adorned with a screw-cap of sparkling black bakelite, octagonally shaped.

Recently an investigator doing some research on bottle preferences queried a large number of physicians, found that of physicians who dispense their own medicines, three-quarters prefer screw-cap bottles.

Can a physician's automobile be seized by a creditor? The Louisiana Court of Appeals recently decided that it can not, declaring that a physician's automobile is one of the "tools or instruments" of his profession. It is an old rule that the law protects a judgment debtor from loss of the tools and instruments needed for the exercise of his trade or profession.

Elliott Harrington, prominent air-conditioning engineer, says that "to treat the air of any en-

closed space so it will be both healthy and comfortable, we must do four things to it:

"First, we must keep its temperature at the proper value, summer and winter. Second, we must regulate its moisture content, de-humidifying the air in summer and humidifying it in winter. Third, we must wash it and purify it by means of filters. And, fourth, we must circulate it, keeping it always in motion, preventing stagnation—but doing this without creating drafts.

"Houses with permanently closed windows will materially aid in accomplishing the perfect air-conditioned home and, hence, the home of maximum comfort and health.

"The old order changeth. A generation or two will see the hermetically sealed home, with double-glass windows, always closed, never open."

Let the hay-fevered rejoice!

A question many a doctor has pondered is: Why do fees charged by charlatans for "professional services" so often seem to get more respect than the fees of legitimate physicians? In New Jersey recently, a woman drowned herself and her three children because she was unable to pay for the "professional services" of her witch doctor, who apparently had to be paid in advance before he could save her from the evil spirits.

Will the next step in social service organization be the Paternity Center? In Chicago, recently, a school was opened for the purpose of giving fathers instruction on child-care—dressing, training, diet, etc. The Maternity Center Association in New York City offers a similar service. Applicants for instruction include many fathers who stay home while the wife turns breadwinner.

REDUCING TWO UNCERTAINTIES TO ONE



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standardization of Digitalis preparations there are two uncertainties—the patient and the Digitalis. Digitalis Duo-Test "McNeil" has reduced the uncertainties to one—the patient.

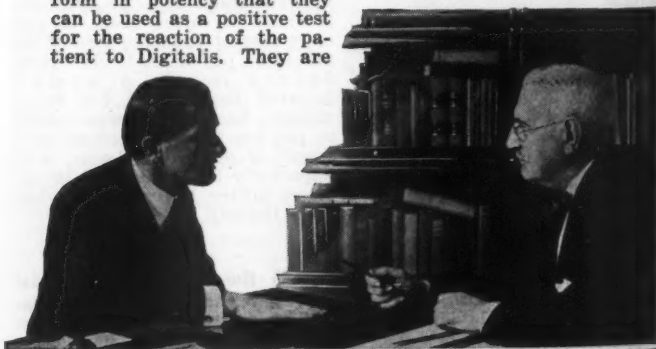
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tested and check-tested at regular intervals by the official frog method and by the Reed-Vanderkleed guinea pig method. The black capsule retards deterioration for at least two years.

Your druggist has Capsules or Tincture Digitalis Duo-Test "McNeil", or can obtain them quickly from us or from his wholesaler.

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Eyes and the G.P.

[FROM PAGE 41] angle of the eye deserves far more general attention than it is getting.

Thus, briefly, I have presented the case for the protective service you may wish to render the eye. But we cannot stop there.

If 25 per cent of our population wear glasses, it may be a fine thing for the optical business. But is it for the race?

Comparative studies have revealed that, over the period of the last sixty or seventy years, the incidence of myopia is precisely the same, in spite of our scientifically planned civilization.

This is convincing evidence of one thing: We may not have any great interest about examining eyes, either for purposes of actual refraction or for getting diagnostic leads, but we shall have to take a compelling interest in the conservation of vision as a preventive service.

Let me now explain what is being done to conserve vision today, how I believe our present methods can be improved, and what the individual physician is in a position to do to promote this vitally necessary work.

In addition to rendering what I have called protective service, I believe it highly important for a family doctor to advise his families along the lines of *how to live*.

More and more, physicians should take an increasing interest in what is sometimes considered the social angle of medicine. Unless they do so, they are not rendering their patrons a complete service. In which case, non-medical persons are going to assume the obligation.

Preventive service for the eyes is not new. The organized medical profession has fought eye abuse mightily, hand in hand with the National Society for the Pre-

vention of Blindness and with the National Education Association, as well as with certain other specialized agencies.

The question of the moment is: What can and should individual physicians do? In my opinion, much.

Along these lines they can, (1) realize the existence of the problem; (2) investigate it and find points of attack; (3) advise and aid in effecting suitable corrective measures.

"It can't be done by the practitioner," said a colleague of mine. "We can't get at our families except when they are sick. And then no one is in a state of mind to accept advice along constructive lines."

In answer I can only cite my own case and the case of many another physician known to be qualified to help in preventive work.

We find our advice sought. We find it followed to a far greater extent than we ever imagined. The truth is people are seeking exactly this sort of thing from doctors. But they have somehow developed the feeling that doctors are not willing to give it to them.

In my opinion, the physician's office fee is just as much justified when he gives advice on how to keep a child from wearing spectacles for the rest of his life, as when he fits him with glasses after the damage has been done.

I still maintain that the doctor is the real health counselor of the average family. And it will be his own fault, and nobody else's, if any person or group ever supersedes him.

Man used to have good eyes. Daniel Boone had them.

Abraham Lincoln is pictured as a glasses addict. But do you recall "Honest Abe's" education by the flickering flames of a dim log fire?

The American Indian moved

"Thumbs up on Clapp's"



THOUSANDS of babies the country over say "thumbs up" on Clapp foods. And no wonder! These delicious foods would tickle the palate of any epicure, old or young.

They're made of the most carefully chosen materials and specially prepared to bring all their flavor and nourishing properties to baby's high-chair.

Perhaps you've recognized the high quality of Clapp's Original Baby Soups and Vegetables . . . but have refrained to advise them because of their slightly higher price.

Well . . . that obstacle is removed. For all Clapp items packed in the

lately developed *Enamel Purity Pack* (the purest packing foods can receive) are now selling at a *new low price of 15c.*

Send in the coupon below and receive free America's largest variety of baby foods in their modern new packing.

• 15 VARIETIES •

Baby Soup (Strained) . . . Baby Soup (Unstrained) . . . Vegetable Soup . . . Beef Broth . . . Wheatheart Cereal . . . Spinach . . . Carrots . . . Peas . . . Asparagus . . . Tomatoes . . . Beets . . . Wax Beans . . . Prune Pulp . . . Apricot Pulp . . . Apple Sauce.



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Please send me free of charge a complete assortment — 15 varieties — of Clapp's Original Baby Soups and Vegetables in the new Enamel Purity Pack.

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indoors. And tuberculosis drove him off the face of the earth.

The eye has moved indoors. And unless something is done to meet the present abuse, the human race might just as well be born with spectacles or refracted immediately after that first bawl with which a child protests that he is not sure he is entering a life that will be exactly a bed of roses.

The proof...Go back to the eighteen sixties. Study the statistics abroad and in this country regarding visual impairment in individuals of different ages. Then take the latest figures and find that the percentages are practically the same.

Or go further, as my associate, Miss Henderson, and I have been doing in our study. Send out your own investigators. And find that the facts can not be denied.

What does it mean? Exactly this:

In spite of all the claims we have made about what we have been doing for eyes, the eye itself is not one bit better off than it was seventy years ago. All that these methods have done is barely to hold the situation as is. So-called civilization is damaging its eyes beyond all belief.

Refer to the statistics again, and you find that a child is born far-sighted; that at about seven years of age his eye becomes what we consider normal; that when he reaches the third or fourth grade in school, when real study begins, there is an immediate doubling of the amount of myopia (the usual impairment at this age); and that the percentages then rise until he reaches college. The situation there is appalling. In some of the worst groups studied, more than eighty per cent are glasses-wearers.

Shall we blame all this myopia on the schools? The schools possess broad shoulders, having accepted the blame for about everything that goes wrong with a child.

But let me state, as extenuating circumstances, that in the school, and in the school alone, has there been any real attempt to remedy this recognized situation.

The annual eye tests already mentioned are only one of the attacks.

I have talked over this situation with ophthalmologist after ophthalmologist.

Granting there are as many theories of the cause of myopia as there are individuals, there is a general agreement that the potent cause of myopia is *reading in bad position in bad light*. All subscribe to that.

What difference does it make whether myopia can be inherited or not?

Just because a child has an allergic constitution does not mean that you never do anything to keep off further developments.

If a child is sensitized to eggs, it does not mean that you will feed him eggs and hope for the best. You will limit or eliminate eggs in the diet.

So, if myopia is inherited, and if (as is true) it would be difficult to determine which children were myopic heirs, it follows that the more you indulge in a general battle against myopia, the less myopia there is likely to be in spite of heredity. The environment is the important thing for practical preventive work.

Lighting, in its broadest sense, plus reading habits and methods are obviously our points of attack. To these may be added a side issue: body mechanics.

For it is far from impossible that a very potent cause of poor body mechanics in our rising generation may be found in the vicious things which happen while a human being is reading.

And it follows that, since childhood is the most plastic human age, the greatest possibilities for permanent damage exist at that time.

[TURN THE PAGE]

V-E-M or ZYL

Regulated-Base Ointments

★ Recommended for common colds, chronic rhinitis, acute catarrhal otitis media, acute tubal catarrh, symptomatic coryza, acute catarrhal affections of the sinuses (ZYL), passive congestions sometimes taken for sinus pains (ZYL), and as local palliative in influenza (V-E-M). Samples gratis to physicians.

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Indeed, we find eminent ophthalmologists subscribing to the creed that it would be better for a child not to start school until he was about ten, in order to give his eyes and body a better chance. While this is educational nonsense, it shows impressively that the damage is recognized and the need of a remedy admitted.

Lighting involves a consideration of both natural and artificial light.

Unfortunately, the eye is designed for natural light. It can stand very strong natural light.

But artificial light is something else again. Its color is different from natural light. Its properties are not the same. And we are constantly striving to get light, without glare, sufficiently strong for the work we plan to do, but not so strong as to be damaging or painful.

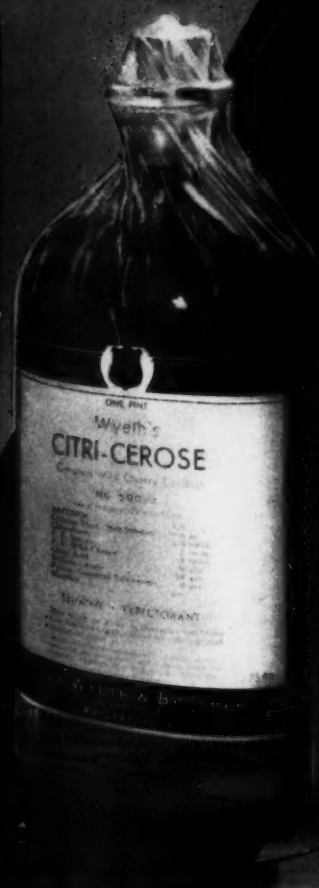
There is a new School Lighting Code under the joint sponsorship of the Illuminating Society and the American Institute of Architects. This code, approved by the American Standards Association, replaces the code adopted in 1924. In it we find a requirement of 10 to 15 footcandles for fine detail work; 8 to 12 for ordinary classrooms; 3 to 5 for rooms like auditoriums where pupils congregate but do not study; and 2 to 4 for stairs, recreation areas, etc.

Since we use about 10 to 12 footcandles on a correctly lighted eye-test chart, a comparison is easily made to reveal what this table means practically.

How many schools meet this standard? Or, to put it another way, are your local schools doing it?

For comparison's sake, investigate a few homes. Find out the lighting conditions under which children do their home work—and incidentally the general conditions under which they study at home. You will wonder that they learn anything or have any eyes left in their heads.

*In Coughs-
Maintain
the Alkaline
Balance*



JOHN WYETH & BROTHER
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announces

CITRI-CEROSE

THE NEW COUGH SEDATIVE

ESPECIALLY VALUABLE



A NEW treatment for coughs that affords quick relief and is unusually palatable is now found in CITRI-CEROSE. It is valuable in relieving the harsh, painful cough of trachitis following common colds, and inflammation of the bronchi.

- CITRI-CEROSE is an alkalinizer which helps to neutralize acid toxins.
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- CITRI-CEROSE relieves the paroxysms or spasms of harsh and irritating coughs.
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Quick Relief for Coughs

Pleasant to Take

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Codaine Phos. (Opium Derivative).....	0.5 grain	Citric Acid.....	6. grs.
Chloroform.....	2.5 mins.	Sodium Citrate.....	18. grs.
F. E. Ipecac.....	2. mins.	Potassium Gualacol Sulphonate.....	8. grs.
F. E. Wild Cherry.....	4. mins.	Menthol.....	q. s.

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Easily Inserted**

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**Allay inflammation, restrict bleeding, prevent infection,
control pain.**

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SOUTHWARK STATION

PHILADELPHIA, PA.

In considering lighting, we must not forget glare—glare from shiny woodwork, blackboards, furniture, even the coated paper used for halftones in many books.

Schools have had a mighty campaign against glare. Today, even the paper in text books has the brilliance removed. And the type is selected both for legibility and for size suitable to age.

Caslon is a favorite sight-saving type face. Compare a 1933 text book with a 1903 one, and the difference in make-up is evident.

But even if the lighting is adequate and without glare, granting also that the source of light is from the rear and from above (and, according to most authorities, it should come from the left rear to avoid shadow on the work) reading must still be done correctly.

Flat-topped tables or desks with very slightly slanted tops have been the custom. In the homes a flat-topped table is used invariably.

This is wrong.

In the first place, bending over a flat-topped table means working with the organs of the abdomen and chest in inefficient position. That has been admitted for years. The back bends and remains bent during the work.

This may be a good business-producer for the orthopedic man. But it is thoroughly unfortunate for the growing child. It is equally unfortunate for the doctor who has to keep fighting these functional curves, even to scolioses. The body mechanics of the average school child are bad. We've been advancing any number of theories as to the cause. But we do not seem to have considered working position to any extent.

Now try an experiment on yourself. And if it appeals to you, recommend it to your families.

Stack up a pile of books. Then select your favorite reference

FOR VAGINAL IRRITATION

TYREE'S Antiseptic Powder is recommended for the treatment of leucorrhea, cervicitis, pruritis, endometritis and vaginitis. Soothing and non-irritating to delicate mucous membranes. An efficient agent in removing infection and thick adhesive mucus. Send for a sample package.



This booklet was written by a physician. More than 70,000 of them have been distributed by physicians to their patients. Have you some for your patients?

You may send me (state how many) booklets.

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RESULTS

WHILE Gastric Mucin has been in use only a few years, and only recently has been made available to the general practitioner on prescription, the clinical results reported suggest that it has a definite value.

The Committee on Gastric Mucin of the Northwestern University Medical School have obtained the following results from three separate Chicago hospitals and from a questionnaire report of other clinicians.

	<i>Clinic A</i> (1)	<i>Clinic B</i> (2)	<i>Clinic C</i> (3)	<i>Questionnaire</i> (4)	<i>Total</i>	<i>Per Cent</i>
Cases Treated	156	238	206	555	1,155	
Complete Relief of Symptoms	143	175	151	348	817	70.7%
Partial Relief of Symptoms	6	43	23	114	186	16.1%
Failures and Recurrences	7	20	32	93	152	13.2%

The purity and uniformity of Gastric Mucin (Stearns) are backed by years of experience in the preparation of physiological and biological therapeutic agents. Every batch is carefully assayed by the Gastric Mucin Committee of Northwestern University Medical School.

DOSE 80 to 100 gm. per day divided into five or more doses. Most conveniently administered in milk and cream. Literature containing tasty recipes sent to physicians on request.

FREDERICK STEARNS & COMPANY
DETROIT, MICHIGAN, U. S. A.

- * (1) Atkinson, A. J.—*Journal American Medical Association*, Volume 98, page 1153, April, 1932.
 * (2) Brown, C. F. G.; Cromer, S. P.; Jenkinson, E. L.; Gilbert, N. C.—*Journal American Medical Association*, Volume 99, page 98, July, 1932.
 * (3) Fogelson, S. J.—*Illinois Medical Journal*, December, 1932.
 * (4) Submitted for publication. (Totals of patients brought to date.)

book. Place it so that its pages form an angle of 45 degrees or more with the flat desk top.

Read the book at a distance of around fourteen inches or slightly more from the eye, if your eyes are normal. If necessary, bring the book up to the eye, rather than the eye down to the book. What do you find?

You are sitting in an excellent position. Your head is up, your neck slightly bent. All the organs of chest and abdomen are in good working position. And, best of all, you never read so comfortably in your life.

That is what we are trying to teach children to do today. The book rest may be a pile of books, a home-made easel, one of the numerous simple folding easels which you can buy for almost nothing, or, if the child is in school—well, have you ever visited a sight-saving class (for children with a high degree of visual impairment) and seen the desks with the movable top which can be set at the correct reading angle? We used to have them years ago when I was directing a program in one of the larger cities.

But now the desk has been improved. The latest models enable you to move the top back and forth—the so-called plus and minus adjustment. And there is a rack on which the book may be placed, thus raising the book to whatever level the eye requires.

And that's not all. Just as the old-time monks illuminated manuscript on easels, and just as we draw and paint on easels, so we can write at the eye-saving angle and position with the modern schoolroom equipment.

With all these ways of reading correctly, certainly neither the eye nor the body mechanics should suffer further damage from studying, provided the light is properly directed and good.

Interestingly enough, there seems to be a moment in the eye's active cycle when it becomes blind

for a fraction of a second, thus giving a rest period similar to that found in the cardiac cycle.

But this, today, is not enough. And so we [TURN TO PAGE 127]

Fees

[FROM PAGE 24]

Three points about the fee schedule given on pages 23 and 24 deserve careful explanation.

In the first place, the schedule is based upon fee lists representing 100 county and State medical societies included in the survey. Actually, 1,000 societies were queried. Of these, 100 had schedules which they could submit, and it was from these that the MEDICAL ECONOMICS averages were computed.

Since these schedules emanated from all sections of the country, the averages obtained from them may be regarded as a fairly representative guide to the actual minimum fees now being sponsored by the rank and file of medical societies all over the United States.

Secondly, the list of fees given with this article is by no means complete. Due to lack of space, it has been abridged to include only the more common operations and treatments.

A complete list, however, has been made up. This will be printed as a separate folder and distributed free to readers of MEDICAL ECONOMICS, provided that a sufficiently large number write in for it. The complete schedule lists fees for approximately 600 operations and treatments, the latter being arranged according to anatomical systems, in the order followed in *A Standard Classified Nomenclature of Disease*.

The other factor that can not be made too clear is that the fees listed on pages 23 and 24 are AVERAGE, MINIMUM fees.

Take, for example, the operation for a fracture of the clavicle. Although some societies approve

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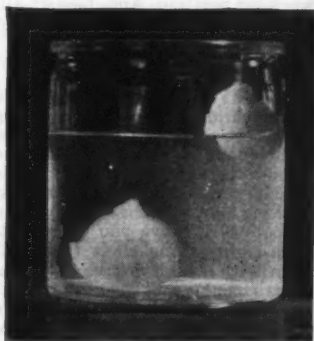
... then make these **3** quick simple tests of quality

● More than five thousand physicians and surgeons have already tested free samples of this new cotton. If you are not one of them, we invite you to send for a sample and discover in your own laboratory or office the merits of Bauer & Black's *New Process Cotton*.

Scientifically controlled manufacture every step of the way, from virgin cotton to the finished product, now gives you a cotton with these new standards of excellence.

1. Much greater absorbency.
2. Clean—free from nebs.
3. Pure white color.
4. Minimum of loose fibres—due to uniformity of staples.
5. Crunchy feel—oils completely removed. Chemically pure.
6. Smooth surface—fibres do not pick up.
7. Uniform thickness—easier to use.
8. Side strength, resists tearing—due to interlocking fibres.
9. Fully sterilized, of course.

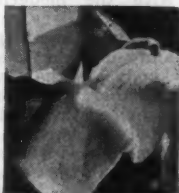
Sold by your druggist or surgical supply house. For *free sample* please mail coupon.



1. Absorbency Test—Make small balls, equal size, of this new process cotton and any other. Drop them simultaneously into a bowl of clear water. This new cotton drops to the bottom almost instantly—due to its great absorbency.



2. The Light Test—Take a smooth even fold of the cotton and hold it against the window pane. Notice its cleanness—its freedom from nebs.



3. Color Test—To appreciate the new whiteness, hold the new cotton against the light alongside a fold of other cotton. Notice also the uniformity of color.

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Please send me a sample of your New Process Cotton
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a fee as low as \$10 for this, while other societies state that the minimum shall be no lower than \$50, the figure reported by MEDICAL ECONOMICS is \$30. This is the *average, minimum* fee. It was arrived at by averaging the minimum fees quoted by all medical societies whose schedules listed this particular operation.

New Jersey's Plan WORKS!

[FROM PAGE 11] Jersey plan rests on still another solid support: It is *mutual*.

The Relief Administration formulates no plans and decides no complaints without consultation with the local and State medical profession. The physicians, likewise, take no steps without discussing them beforehand with the Relief Administration.

Again, the plan is workable, because it is the result of an agreement with the *State*—not with individual counties and municipalities.

And lastly, it promises to function at a cost not too burdensome for the public to pay. The taxpayer pays the relief doctor, as pointed out before, only one half to two thirds his usual fee, and is spared the expense of any hospitalization which is not absolutely essential.

Already the New Jersey plan has won the approval of hundreds of medical men. So much so that at the present time it has been organized or is in process of organization in nearly every county in the State.

Is it luck that has started this plan off so auspiciously? Not a bit of it. Rather has it evolved by the old, familiar, trial-and-error system.

The experience of the Medical

Society of New Jersey along these lines began quite some time ago in Bergen County where, faced with the problem of caring for the indigent-sick, local physicians decided to visit them free, handling the calls through the county society organization.

For two self-evident reasons, this policy was unsuccessful: Patients took advantage of it. And the physicians, receiving no remuneration and little gratitude for their work, lost interest.

The second plan which followed involved a payment to the doctor of one dollar for each house or office call. This failed to work also, for two reasons:

The compensation was insufficient and uncertain. And since it had to be collected from a hundred or more municipal and county relief commissioners, most of whom could scarcely be called cooperative, it usually was not paid at all. Hence, the doctors and poor-relief workers allowed the idea to die a natural death.

With this general introduction to the New Jersey Medical Relief Plan and the way in which it grew up, suppose we now consider its organization and operation.

In accordance with resolutions passed by the Medical Society of New Jersey, and as agreed to by the State Director of the Emergency Relief Administration, there has been appointed a State Medical Advisory Committee. This committee consists of Dr. Spencer T. Snedecor as chairman, aided by Drs. C. H. Schlichter and C. C. Beling, the three of whom are largely responsible for the development and success of the New Jersey plan.

The Medical Advisory Committee meets with designated officials of the Emergency Relief Administration to formulate plans and to consider, jointly, problems, questions, and issues involving the interests of the medical profession. It also aids in the interpre-



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usually
decreases

when B-D Luer-Lok Syringes are used for the many types of work* for which they are uniquely valuable. This insures economy — because these stronger, more efficient syringes cost no more than regular all glass B-D syringes.

The B-D Luer-Lok with its chromium plated non-corrosive metal tip into which the needle locks with a simple half-turn is easily cleaned—and will withstand sterilization as successfully as any all glass syringe made.

Furthermore there is always present, in the use of the Luer-Lok, a feeling of security found in no other syringe. Trial will demonstrate the soundness of these statements.

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tation of these policies to local medical societies, physicians, and the public at large.

Another duty of the committee is to aid in the organization of county medical advisory committees to consult with the county directors of the Emergency Relief Administration.

So much for the organization and operation of the plan. Next we come to the medical relief policies its sponsors have adopted. These may be enumerated under the following headings:

Relations with Clients and Physicians

1. The preservation of the personal relationship between the doctor and patient shall be held paramount.

2. Medical relief shall be supplied by the individual physicians, preferably by the patient's own or previous physician, which shall insure free choice of physician by clients. Free choice of hospitalization in any accredited hospital shall be permitted.

3. A uniform procedure for authorization of medical care shall be established for each county. This procedure should not be in conflict with the following requirements.

4. All authorizations for medical care shall be issued in writing on the regular relief order blanks with the exception that telephone authorizations should be immediately followed by such a written order. This order authorizes the doctor to provide medical care for a period not to exceed two weeks or involving not more than ten visits or representing an expenditure of not more than \$20. Medical care for more than two weeks shall be based only on a written renewal of the original order, such renewal not to be issued until after a reinvestigation of the case in the home. The Emergency Relief Administration shall not suggest the name of any one physician. It may provide rosters of

physicians from which to choose.

5. Medical care for prolonged illnesses, such as arthritis (chronic), asthma, and chronic heart disease, shall be authorized on an individual basis, and in general shall be limited to not more than one visit per week over a period not exceeding three months. In the instances where more frequent visits seem to be indicated for a short period, additional authorization for such service should be required.

6. Authorization for emergency service rendered by a family physician may be provided, if the physician reports to the Relief Administration within 48 hours the name and address of the indigent person, and the occasion for the emergency visit. Such cases are to be considered as exceptional and the approval, if given, should be conditioned upon the acceptance by the Emergency Relief Administration of the indigency of the patient to whom

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Vaginal Antisepsis

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The action of Keros is unique; its use convenient, clean and without risk or irritation. The easiest and most reliable method of feminine hygiene.

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IS MUCH MORE THAN A LAXATIVE



THE chief function of Sal Hepatica is to sweep the intestinal tract free from toxic waste. But in addition it effectively performs the functions of increasing the flow of bile, eliminating excessive uric acid accumulation, maintaining alkalinity of the blood, and stimulating the absorptive functions of the

entire alimentary system. Since 1895 physicians have known and prescribed Sal Hepatica. They know that protracted use will not create a condition of tolerance, that it is palatable, easily obtained, and inexpensive.

A sample, for professional use, if you wish.

SAL HEPATICA

MEMO to Bristol-Myers Co., M-71 West Street, N. Y. C.

Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes.

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Street.....

City..... State.....

such emergency service is given.

7. The Emergency Relief Administration may authorize payment for medical care as a special or single phase of relief to a family or individual.

8. The Emergency Relief Administration shall not pay physicians for work in clinics; nor shall it pay hospitals for admission clinic charges. However, this Administration may pay for unusual extra charges in connection with service to clinic patients such as expensive X-ray service or unusually involved laboratory work, but only when essential in the treatment of emergent cases.

9. The physician shall decide whether the patient requires hospitalization, but except in serious emergency the Emergency Relief Administration shall be notified sufficiently in advance of admission to permit it to establish the propriety of accepting public responsibility for hospital charges.

10. Operations shall not be certified to for medical or surgical emergency conditions.

(a) The so-called elective operations shall not be performed on relief cases unable to meet their hospital and doctor bills.

11. Only regularly licensed doctors of medicine shall be authorized to treat clients. This clause shall not, however, interfere with necessary treatment which may be performed by registered visiting nurses, under medical direction and supervision. It shall not be the policy of the Emergency Relief Administration to substitute midwives for physicians in obstetric cases.

Remuneration Program

1. The Emergency Relief Administration will pay for authorized medical care at a rate not to exceed two dollars for each call and one dollar for office visits.

2. The Emergency Relief Administration will pay for authorized obstetrical services in the home, at a rate not to exceed \$25, which shall include charges for



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The Signal That Winter Comes

This will bring you for treatment colds and respiratory infections.

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As the foundation of treatment, we suggest the "Catalplasm Plus"

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This is the formula:

Guaiacol 2.6	Cresote 13.02
Methyl Salicylate 2.6	Formalin 2.6
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Glycerine and Aluminum Silicate, qs 1000 parts

May we demonstrate with clinical samples?

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FALL AND WINTER ARE THE DANGEROUS SEASONS FOR RESPIRATORY INFECTIONS!

"The Main Danger of Rickets is that it Decreases the Resistance"

"Rickets is a disease which affects the entire body although the most noticeable signs of it are seen in the bones."

"While rickets is often looked upon as a disease which in itself does not threaten life, they state that it does threaten life and may be the direct cause of death when it deprives the thorax of its rigidity. It increases the danger to life in respiratory infections, for example, tuberculosis and pneumonia."

(McCollum & Simmonds, *The Newer Knowledge of Nutrition*, 4th Ed., 1929.)

Clinical experience shows that any baby taking its daily ration of DRYCO is thereby protected against rickets

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DRYCO



Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultra-violet ray, under license by the Wisconsin Alumni Research Foundation (U. S. Pat. No. 1,680,818) and then dried by the "Just" Roller Process.



PROTECT INFANTS AGAINST RICKETS NOW!

Samples and literature on request

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ALL DRYCO IN THE HANDS OF DRUGGISTS IS IRRADIATED

delivery, a minimum of three prenatal office visits, and the necessary post-natal care. Details of these services shall be submitted with the bill.

3. A schedule of rates at which doctors may be reimbursed by the Emergency Relief Administration for services rendered to patients of any given county will be set up by the County Emergency Relief office. These rates shall be established by the county medical society through its Medical Relief Committee in conference with the County Emergency Relief Director. These rates as established by each county shall be effective subject to the approval of the Medical Relief Committee of the Medical Society of New Jersey and the New Jersey Emergency Relief Administration.

Submitting of Bills

1. Monthly bills shall be rendered by the doctors to each municipality from which authorization to provide medical attention at public expense has been received. Inasmuch as bills are to be charged against the calendar month in which the medical care was authorized, two bills are to be furnished:

(a) One to cover charges for care rendered to patients whose total course of treatment was completed during the calendar month;

(b) The other to cover charges for care of patients whose course of treatment started in the previous calendar month and ended in the current month.

Each bill shall list the number of patients and the number of visits made to each of these patients and the total charges. Authorization for the treatment of each of these cases shall support each bill, and these authorizations shall cover all charges on the bill for which payment is sought. Since the charges for each patient must be accompanied by the authorization for these charges, bills will not be submitted for any

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YOU CAN'T
SPOIL THEM!**



YES, doctor, you can tell mothers that laboratory tests prove that SANTRO TRANSPARENT NIPPLES never "fall apart" and never "taste rubbery." Not even if they are boiled 200 times.

SANTRO is transparent and hygienic. Made of purest rubber. In shapes to prevent colic. Obtainable at all good drug stores. Made in U. S. A. by Julius Schmid, Inc., New York City.

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REVELATION TOOTH POWDER



will positively remove FILM and prevent formation of TARTAR without injury to teeth surfaces or to gum tissues. No scratchy grit, no harmful drugs.

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Here's the Story of Patch's **KONDREMUL** (CHONDRUS EMULSION)

- What it is** - - - - - an emulsion of the finest grade of mineral oil (55%) with Irish Moss (chondrus crispus).
- What it does** - - - - - Aids normal bowel movement.
Provides soft bulk.
Results in well-formed stool.
- What it does not** - - - Does not irritate.
Does not leak.
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- Why it is better** - - - Irish moss is a better colloid than the usual type of emulsifying agent. Forms a tougher film around each oil globule and holds the oil in fine suspension. Does not break down in its passage through the gastro-intestinal tract. Does not liberate free oil.



Why the patient prefers it - -

Kondremul is very pleasant to take. Has no suggestion of oily appearance or taste. The flavor is like maple walnut ice cream.

Kondremul is convenient to use—pours freely from the bottle.

Kondremul gives satisfying movement.

Two Kondremul products - - for your specification—

Kondremul (Plain)—A bowel regulator. Aids normal bowel action.

Kondremul (with Phenolphthalein)—Combined laxative and regulator.

Make a Test - -

Let us send you a clinical bottle of Kondremul so that you can test its merits for yourself. Mark your preference.

THE E. L. PATCH CO., Stoneham 80, Boston, Mass.

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Send me clinical trial bottle of Kondremul. I prefer the formula checked.

KONDREMUL (PLAIN)

KONDREMUL (with PHENOLPHTHALEIN)

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Address
City State

case until the course of treatment is completed or the extent of the authorization as shown in paragraph 4 of the "Relations with Clients and Physicians" is exhausted.

2. Doctors should be advised that they must procure the signature of the patient or the head of the patient's family on all authorizations, as auditors will not pass bills unless the signature of the client or the head of his family is so affixed.

Relations with Medical Societies

1. A medical advisory committee shall be appointed by the State Director to assist in formulating plans to make these proposals effective. It shall be the joint responsibility of the Emergency Relief Administration and the Medical Society of New Jersey that the plans evolved be mutually acceptable to both sides.

2. The Medical Society enters into this plan for a period of one year and it shall have the power to designate when co-operation with the Emergency Relief Administration shall cease.

3. Future changes in policy shall be agreed upon mutually.

4. In each county the county medical society shall appoint a medical relief committee to advise the County Director of Emergency Relief concerning medical problems.

5. The same relationship shall pertain to the County Medical Relief Committee and the County Director of Emergency Relief as exists between the State Director of Emergency Relief and the State Medical Relief Committee. All matters in dispute shall be

considered jointly by the County Director of Emergency Relief and the County Medical Relief Committee.

6. This committee shall supply the County Relief Administration an approved list of duly qualified and regularly licensed physicians residing within the county who desire to accept relief cases.

7. The committee shall have power to discipline physicians and to request removal from approved list. Appeals from the decision of county medical relief committees may be taken to the State committee by individual physicians excluded or removed from the list of approved physicians.

Relations with Other Health Agencies

1. The Administration and its co-operating medical committees shall be zealous to provide the best medical care and co-operate with other health organizations, particularly hospitals and agencies providing nursing service to the indigent sick in their homes.

Six-Day School

[FROM PAGE 31] cated ailments were brought to this improvised hospital ward for demonstration. As each physician addressed the Assembly, attendants wheeled a patient onto the stage.

The speaker then diagnosed the case, checking in many instances the pulse rate, heart beat, and lung action. While doing this, he discussed the diagnosis step by

NEO-REARGON for GONORRHEA

A dependable means of treating gonococcal infections, which often reduces treatment time.

Write for literature

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Effective LAXATIVE MEDICATION

Sodium Glycocholate..... $\frac{1}{4}$ gr.
Sodium Taurocholate..... $\frac{1}{4}$ gr.
Phenolphthalein $\frac{1}{2}$ gr.
Extract Cascara..... $\frac{1}{2}$ gr.
Aloin $\frac{1}{8}$ gr.

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OXIPHEN



Oxiphen Tablets are particularly useful in habitual constipation because they produce gentle, yet effective laxative action throughout the intestinal tract, stimulating activity of both the secretory organs and the intestinal musculature. They may be used over extended periods

without losing their effect, and without an increase in dosage and, as normal function is re-established, the dosage may be gradually withdrawn without a return of the condition. The formula contains no toxic drugs, and does not produce the "cathartic habit".

The Oxiphen formula combines the hepatic stimulant and chologogue action of the bile salts ("the only reliable chologogue known"—Cushny) with the tonic laxative effect of cascara, the simple laxative action of phenolphthalein and the stimulant action of aloin on the colon. Kindly use the coupon for literature and clinical sample.

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PITMAN-MOORE COMPANY, Indianapolis.

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You may send me a sample of Oxiphen Tablets for clinical use.

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step, his remarks being transmitted through a "button microphone" on his coat lapel and projected to all parts of the hall by radio amplifiers.

The victories won by medicine were cited by a number of speakers at the Assembly:

"Pernicious anemia, which seven years ago was 100 per cent fatal, now has a death rate of only 10 per cent because of the feeding of liver and stomach preparations to patients," pointed out Dr. Cyrus C. Sturgis, director of the Simpson Memorial Institute for Medical Research, University of Michigan.

"Five-year cures are possible in 82.3 per cent of the cases of cancer of the larynx which can be discovered in time," asserted Dr. Gordon B. New, professor of otolaryngology and rhinology, University of Minnesota.

The development of a new operation for removal of the thyroid gland, designed to give permanent relief from angina pectoris was announced by Dr. Elliott C. Cutler of Harvard University. "We performed our first operation a year ago," said Dr. Cutler. "We believe that it will extend life and give permanent relief."

"Mortality from operations for gall stones has dropped since 1926 from 5.7 to 1.7," reported Dr. Frank H. Lahey of Boston.

The pituitary gland may contain the riddle of both the cause and the cure of cancer, stated Dr. Beckwith Whitehouse, professor of gynecology and obstetrics at the University of Birmingham, England. "I believe," he said, "that the eventual cure of cancer will consist of some sort of vaccination serum which restores the bodily resistance to cancer."

Dr. Roy W. Scott, professor of clinical medicine at Western Reserve University, told the Assembly that the medical profession is changing its methods in the treatment of high bloodpressure.

"The old way was to tell a man

three
great
improvements
in



DAVOL LATEX GLOVES

The New Favorite of Thousands

Safety at your finger tips, because Davol finger tip construction gives greatly increased strength without extra thickness. Freedom of action for the hand because Davol gloves are widely spaced between the bases of the fingers insuring better fit without binding across the palms. Tear resistance from tip to wrist greatly increased because Davol gloves are made of the finest material, rigidly tested.

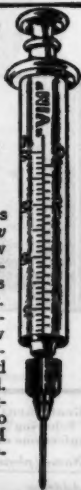
Use Davol gloves and enjoy the economy of quality, the satisfaction of perfect fit and extreme durability.

Guaranteed to comply in all respects with Commercial Standard CS 41-32

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SYRINGE
eliminates
LEAKAGE and
BACKFIRE

When you buy syringes ask for VIM "Slow Ground" Syringes. Slow Grinding eliminates leakage and backfire; prolongs accurate life indefinitely. Slow Grinding heat-resistant glass gives you a new smoothness, a velvety action. Only VIM Emerald Syringes are Slow Ground. To get freedom from leakage and backfire say to your dealer—"I want VIM—the Slow Ground Syringe."



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New
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ANTISEPTIC for ORAL USE

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Effective in acid or alkaline medium...
 Non-irritative... Limits spread of
 infection... Prevents complications...

for **GONORRHEA**
CYSTITIS
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Niazo is useful at the height of severe inflammation... Invaluable for stranguary tenesmus and terminal hemorrhage... An ideal prophylactic preparation in urinary retention and postoperative conditions.

The better G. U. antiseptic at a low price
 Original bottles of 24 and 48 tablets

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Gentlemen: Please send me a complimentary package NIAZO "Schering" TABLETS... The new effective oral treatment for infections of the urinary tract.

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11

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A demonstration case at the Cleveland Assembly.

that he would have to stop drinking alcohol, give up the eating of meat, and so on," he said. "This course of treatment presented a hangover from the past, when it was supposed that high blood pressure was a manifestation of kidney disease.

"The result often was that the patient was scared into semi-invalidism and made so conscious of his blood pressure that it got worse instead of better.

"The new way of treating it is to say to a man: 'Now, you're 45 years old, and the old machine is beginning to show signs of wear. You can still have a cocktail if you want it. But go easy. Don't drink too much and don't overeat, and remember that you can't do all the things that you did when

you were twenty years old."

"Medical education," said Dr. William J. Mayo, "is in a state of flux. A change must come in our concept of teaching medicine, in which training the memory will be placed by training the mind."

"Obese persons can eat their fill and still lose from two to four pounds a week if they follow the proper diet," Dr. Lewellys F. Barker of Johns Hopkins observed. Glancing over the audience where a number of paunches protruded, Dr. Barker brought his message right to the physician's doorstep by adding:

"I want to stress the ethical importance of doctors keeping down their own weight, as an example to their patients."

CREAM *of* NUJOL

Nom medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

GON A-VEE

Gonococcus
Combined Antivirus

A REVOLUTIONARY BIOLOGIC FOR GONORRHEA

Clinical EVIDENCE

Twenty-five cases of chronic gonococcus treated with Sherman Gon A-Vee at _____ State Prison showed after 23 days of treatment 20 cases or 80% free of G. C.

Duration of infection—1½ to 12 years.

Previous Treatment—Antiseptic washes.

Results—G. C. none after 17 to 23 days of treatment with Gon A-Vee.

Experiments conducted by other physicians and state institutions on both men and women showed the same uniformly high results.

THE Sherman Laboratories, after extensive research during the past ten years, have successfully prepared a new type bacterial antigen from the principal bacteria found in acute and chronic urethritis. This new biological—Gon A-Vee—when locally applied raises the germ-fighting powers of the affected area, attacks the organisms deeply buried in the tissue and antigenically stimulates the cells and leucocytes. Antiseptic washes and applications cannot reach the infecting bacteria imbedded in the pockets of the lacunae of Morgagni—but Gon A-Vee now provides a far superior method of treatment. Clinical evidence of both acute and chronic specific urethritis offers significant testimony on its efficacy and uniformly excellent results. Write for our Special Physicians' Offer and Treatment Recommendations.

A WEEK'S
TREATMENT
LIST \$4.00
LESS 25%
TO PHYSICIANS



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Literature & Samples



SAMPLES OF YEAST VITAMINE-HARRIS (TABLETS): This concentrated Vitamine B preparation is said to be the most potent available for clinical use. Samples and literature are offered to physicians only. Write the Harris Laboratories (ME Item 11-33), Tuckahoe, N. Y.

BABY-BOTTLE-KIT: The folder describing this outfit would indicate it to be a real aid to busy mothers. With it, bottles, utensils, and nipples may be quickly sterilized. The day's feedings may be prepared at one time. Bottles are held upright. There is no danger of spilling. And it is handy for visiting, as it is easily carried along in automobile, train, or boat. For descriptive literature, write Therna Products Company (ME Item 11-33), Board of Trade Building, Toledo, Ohio.

THE METHOD THAT WILL NOT FAIL: A folder explaining a medical case history and bookkeeping system which has several unique features, is offered to physicians by the Medical Case History Bureau (ME Item 11-33), 11 West 42nd St., New York, N. Y.

VITAMIN NEWS: This is the title of a bulletin that is now being issued twice a month for the information of medical men who desire to hear of the latest developments in the use of vitamin concentrates for the treatment of disease. It will be sent free of charge to any physician requesting it. Address the Vitamin Products Co. (ME Item 11-33), Milwaukee, Wis.

SAMPLES OF IRRIGOL: This is a special preparation for vaginal cleanliness. It is said to allay inflammation and reduce excessive acidity, thus bringing about a normal condition. Upon receipt of a professional card, samples will be sent to physicians by the Alkaloi Company (ME Item 11-33), Taunton, Mass.

PROTECTION OF WORKERS EXPOSED TO CHROMIUM AND ITS COMPOUNDS: A publication with this title has just been issued by the Policyholders Service Bureau, Metropolitan Life Insurance Company (ME Item 11-33), One Madison Ave., New York, N. Y. Because of the increasing number and diversity of uses of chromium and its compounds, efforts have recently been renewed to protect exposed workers. This

booklet is the result of a study of causes, effects, and preventive measures.

THE NEWER CONCEPTION OF NUTRITION: This rather elaborate, cloth bound book is offered gratis to physicians by Nutritions, Inc. (ME Item 11-33), Berkeley, Cal. It deals with the theory and use of Nutri-ads, which are described as concentrates of fresh vegetables in tablet form, with all vitamins preserved.

KATEXON FOIL FOR HISTAMINE IONTOPHORESIS: This is the title of a six-page folder being offered to the profession by the Adlanco X-Ray Corporation (ME Item 11-33), 54 Lafayette St., New York, N. Y. The entirely new method it describes of treating painful affections of the muscles and joints (arthritis, sciatica, lumbago, etc.) involves the introduction of histamine into the skin by means of ionization. This is done with Katexon Foils, using a galvanic current. The treatment is said to be simple, painless, and efficient.

MORE FOOD FOR YOUR MONEY: An article bearing this title and written by Eva Selden Banks, nutritionist, has been reprinted from Parents' Magazine, and is available free of charge to physicians. It contains some valuable information on how a family can be well fed on a very modest food allowance, giving suggested weekly marketing orders for families of five in three different income groups. For a copy write the Evaporated Milk Association (ME Item 11-33), 203 North Wabash Ave., Chicago, Illinois.

ZINC IN RELATION TO GENERAL AND INDUSTRIAL HYGIENE: Reprints of this Public Health Report will be sent to physicians upon request by the New Jersey Zinc Sales Company (ME Item 11-33), 160 Front St., New York, N. Y. In this article, written by Cecil K. Drinker, M.D. and Lawrence T. Fairhall, Ph.D., Department of Physiology, Harvard School of Public Health, the hygienic position of zinc is redefined from two aspects—first, that of relation of zinc and zinc compounds to the health of the general public, and second, the relation of zinc and zinc compounds to the health of workers engaged in the manufacture of such compounds.

[TURN THE PAGE]



For the Great American Disease **NEURASTHENIA**

(Or other conditions of weakness, associated with anorexia and nervous diseases, convalescence, etc.)

Prescribe in doses of two teaspoonsful, three times daily:

McKESSON'S Phospho-Vitamin B

A stimulant and tonic containing the glycerophosphates of iron, manganese, strychnine, sodium and calcium, combined with *Vitamin B complex*, in 12% alcoholic solution. It is in palatable form and the mineral ions supply corresponding mineral deficiencies, while the glycerophosphates supply phosphorus to the central nervous system. Many nervous disorders such as polyneuritis show Vitamin B deficiency, hence the better clinical results obtained by the inclusion of this vitamin in a well known formula.

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CHRISTMAS CARDS FOR DOCTORS: The Professional Printing Company (ME Item 11-33), 312 Broadway, New York, N. Y., offers an assortment of Christmas cards that has been especially selected for the profession. A folder giving full details will be sent upon request.

ANATOMICAL STUDIES FOR THE PRACTITIONER: This is not a simple advertising folder, but an honest-to-goodness bound book that you will be glad to add to your library. It contains 47 elaborately prepared and accurately executed anatomical charts. A copy will be sent to any physician upon receipt of twenty cents to cover cost of handling. Address: S. H. Camp & Company (ME Item 11-33), Jackson, Mich.

SAMPLES OF CARITOL CAPSULES: Caritol, which contains carotene, the primary, or fruit and vegetable, form of Vitamin A, and the form in which most Vitamin A is naturally consumed by the human body, is now available in capsule form. It is said to have no fishy taste or bad after-taste, and is suggested as an aid in the prevention and relief of colds and other infections. Also available now in capsule form is Caritol-with-Vitamin D. This is offered for patients who object to cod liver oil. However, both products are still available in liquid form. For Samples and literature write the S.M.A. Corporation (ME Item 11-33), Prospect Ave. and E. 44th St., Cleveland, O.

CARRYING KIT FOR ANESTHETICS: The literature describing this kit states that it is made of good quality imitation leather, and is convenient to carry or keep in your car. It contains complete anesthetic equipment, including two tubes of ethyl chloride and an inhaler. Write the Ohio Chemical & Manufacturing Co. (ME Item 11-33), 1177 Marquette St., N.E., Cleveland, Ohio.

HONEY IN INFANT FEEDING, AND INTERESTING REFERENCES TO HONEY: These are the respective titles of two compilations of material that are being offered to physicians by the American Honey Institute (ME Item 11-33), 417 N. Few St., Madison, Wis. If you require information of any kind on honey in the diet, you will be sure to find these eight pages of references exceedingly helpful.

SPECIAL CHRISTMAS CARDS, PRICES

BOXED STATIONERY, APPOINTMENT BOOKS, CALENDARS, DIARIES, WATERMAN'S PENS, CORONA TYPEWRITERS, ETC.

Illustrated folder on request.

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is a safe, certain,

SURFACE ANESTHETIC

Here are a few of its many medical uses:

1. Relieve pain of first, second and third degree burns.
2. Anesthetize uvula to prevent gagging.
3. Anesthetize tonsils previous to electro-coagulation.
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9. Relieve pain and discomfort associated with the passing of an esophagoscope or bronchoscope.
10. Produce vaginal anesthesia during delivery.
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Please send me additional information, with pharmacology and simple technique for Oleothesin in surface anesthesia.

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EXCESSIVE GASTRIC ACIDITY

One or two Phillips' Milk of Magnesia Tablets (each equivalent to a teaspoonful of Genuine Phillips' Milk of Magnesia) is usually sufficient to bring about a marked reduction in the gastric juice acidity. Phillips' Milk of Magnesia in liquid form gives the same beneficial results.

A GENTLE LAXATIVE

Phillips' Milk of Magnesia has for years been a standby in pediatric, obstetrical, and general practices, because of its mild yet efficient action, pleasant taste and absence of uncomfortable after-effects.

IN THE MOUTH

Where the saliva is acid, Phillips' Milk of Magnesia may be used in any of the three forms—liquid, tablet, and Dental Magnesia. All three tend to neutralize the acids formed by the pathogenic oral bacteria, and likewise prevent their growth.



PHILLIPS'

Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
New York, N. Y.

The Art of Living

[FROM PAGE 26] takes action, then promptly adopt an opposite stand. Just wearing themselves to a frazzle, to my way of thinking, with futile activity!

In matters of national and international policy, the President and members of Congress are being paid for what they do. The rest of the people are simply wasting their time.

My time is much too valuable to be frittered away. I need it for things that interest me, and such things spring up every day, often quite unexpectedly, thus adding the zest of surprise.

As I finished reading the newspaper yesterday, I saw from my window that workmen were beginning to cut down several trees in preparation for a new chapel. That meant a busy day in store for me.

With a microscope, borrowed from the laboratory, I set about reading the history of those trees from their trunks. I could determine their ages, and from the variations in the rings get a pretty clear idea of the injuries they had received and the heavy storms encountered. Two or three kindred souls joined me, and we spent a most delightful day; meanwhile, the folks on the outside were chasing rainbows, fighting windmills—and paying our bills!

Take the matter of reading. New books are coming out all the time. Those for which the majority develop hysteria are called best sellers.

I gather that it is a fad to read all best sellers and to gush over them. Sometimes I read them out of curiosity, but not often. My time is too precious.

[TURN THE PAGE]



THE FOOD VALUE OF CRANBERRIES

Their attractiveness and palatability • A good source of Vitamin C, with small amounts of Vitamin A • The presence of iodine in Cranberries.

Analytical Researches on these important points concerning cranberries have been made by C. R. Fellers, Ph. D. of Massachusetts State College, Amherst. A copy of the report will be mailed on request.

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AMERICAN CRANBERRY EXCHANGE

90 West Broadway, New York City

The NEEDLE with a permanent SHARP EDGE



Nothing takes the place of steel. VIM Needles are made from genuine Fifth Brearley Stainless Steel—they remain sharp indefinitely. They do not have to be wired or dried after cleansing. VIM Needles outlast ordinary Needles as much as 5 times. Ask for them by name—VIM, the needle with the permanent sharp edge and the Square Hub.

VIM STAINLESS STEEL NEEDLES



Reduce Stomach Acidity By Colloidal Adsorption

THE new physico-chemical method of taking up acid excess is demonstrating its clinical advantages over the ordinary neutralization methods of treating stomach hyperacidity.

By colloidal adsorption, ALUCOL, an allotropic form of Hydroxide of Aluminum, takes up excess HCl, but leaves a sufficiency to permit continuance of peptic digestion.

And what is perhaps of equal importance — ALUCOL does not cause a secondary and more pronounced rise of acidity, which often follows the excessive use of alkalis in the stomach.

Give ALUCOL a trial. Convince yourself of its value. The coupon brings you a supply and full information with our compliments.



ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

THE WANDER COMPANY, Dept. M.E. 11
180 North Michigan Avenue, Chicago, Illinois

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

Dr.
Address
City State

What has become of the best sellers of two or three years ago? Visitors here never mention any book so far out of date. They waste time in such reading, while all my hours in the library—and they are many—are profitable.

My reading brings me the mental stimulus ever present in the works of Dickens, Scott, Burns, and others the public regards as *passé*. These are the books that hold my interest, that conform with the desires of those who practice the art of living.

Last Sunday was a dismal day, with a continuous fall of rain. Many outsiders who had expected to attend church found it more convenient to remain at home. That applies to about all of them, except preachers and sextons.

Weather never bothers us. We walk to chapel through a well-heated, enclosed passageway. The organist is a man whose room adjoins mine.

Clergymen come in from the outside, and when they preach the Word of God, which should be interpreted alike by all men, I listen.

Once in awhile one of them will undertake to sympathize with us. That indicates that the speaker does not understand the art of living, so I walk out on him, go to the library, and commune with one who knew that art—Thoreau, for example.

Naturally, my professional life as a medical man should be in a state of suspense while I am living in this institution. Such is the fact as far as the public is concerned, but I have kept so closely in touch with all branches of medicine that I would not hesitate to take a State Board examination tomorrow. I challenge you to find a dozen physicians of my age who would dare take such a chance. They are giving their time—most of them—to the

IODOTONE . . . a Safe and Non-Toxic Form of Iodine Therapy



While Iodine is most commonly known for its antiseptic properties, it is also recognized by the medical profession as an indispensable drug in the treatment of organic scleroses, myocarditis, aneurism and diseases of the respiratory tract. Also because of the influence which Iodine exerts upon human metabolism and nutrition, many cases of enlargement of the glandular organs respond most favorably to Iodine therapy.

The toxic effects (or Iodism) which frequently attend the internal administration of Iodine are entirely absent when Iodotone is used.

Iodotone, a standardized glycerole of hydrogen iodide, being free from toxicity, may be taken even in high dosage and over an extended period without danger of Iodism. More and more physicians are prescribing Iodotone wherever oral iodine medication is indicated.

Established 1851

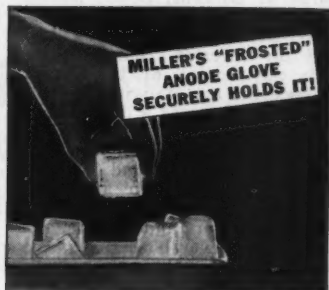
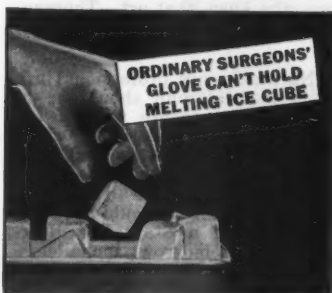
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Incorporated 1897

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THINK WHAT THIS FIRMER GRIP MEANS TO SURGERY!

Even Wet, Slippery Instruments, Sutures, Ligaments, Held Firmly With New-Type Glove



UNIQUE "ICE-CUBE TEST" PROVES EFFICIENCY OF MILLER'S "FROSTED" GLOVE AGAINST SLIPPING

THIS interesting demonstration was made during the American Hospital Association's national convention. Convention visitors were invited to put one of Miller's new "frosted" gloves on one hand, an ordinary smooth glove on the other. Then they were asked to pick up a melting ice cube with the standard glove, using only thumb and forefinger, and found it impossible. It was easily done with the Miller "frosted" glove.

In many types of surgery the value

of this firmer grip is evident. The "froosting" process takes nothing from the extreme sensitivity for which Miller Anode Gloves have always been famous. Of skin-like thinness, yet amazing durability and elasticity, these new gloves provide all the advantages of the finest surgical gloves made—now plus this important new feature. Both smooth and "frosted" Miller Gloves provide a resistance to wear and repeated sterilizations that mean substantial savings in glove bills.

MILLER "frosted" ANODE SURGEONS' GLOVES



Miller Rubber Products Co., Inc., Akron, O.

struggle for existence, trying to earn all the money they want to spend, wrangling about the cost of medical care and state medicine.

A doctor who practices the art of living finds the keenest enjoyment in keeping abreast of the wide field of medicine, giving such additional attention as his personal inclination may dictate to one or more of the branches of that science. He finds it necessary to supplement his reading by attending meetings of medical men and participating in the discussion of papers. All of these opportunities are available within the gates of our hospital.

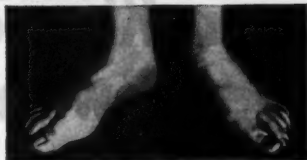
A first class library is kept up to date by adding new books and by subscriptions to all the leading professional journals. Our superintendent insists that members of his staff know something beside psychiatry. To this end we have an evening meeting once a month, at which the paper of the evening is read by a qualified man from outside.

The subjects cover a wide range. Last month we had a heart specialist, and at the next meeting we expect to have with us the chief surgeon of a large metropolitan hospital. One of our men always is assigned in advance to be ready to open the discussion, and I am privileged to take my turn with members of the staff in filling such assignments.

It may seem strange that I am asked to participate and enjoy doing so, but it is only the law that says that I am insane. And the law is a fetish only to the majority who made it. In our monthly gatherings it does not rise up to plague me or to embarrass the others, for there we meet on common ground—men who have subscribed to the Hippocratean oath and are banded together in what we regard as the loftiest and most useful of the professions.

don't miss [TURN THE PAGE]

WEAK FOOT



The feeling of excessive fatigue and aching of feet and legs induced by abnormal strain can be relieved and the ligaments and muscles of the feet strengthened with Dr. Scholl's Arch Supports. Worn inside shoe and adjustable to patient's individual needs. Will prevent development of serious arch lesions if worn at first signs of foot weakness. Fitted and sold by Dr. Scholl's Foot Comfort Shops, also shoe and department stores. \$3.50 pair upwards. Write for illustrative booklet for physicians. The Scholl Mfg. Co., Chicago.

Dr. Scholl's ARCH SUPPORTS

REGULIN

Is Medicated
AGAR AGAR
at it's best

Every doctor knows agar agar and its unparalleled value in cases of

CHRONIC CONSTIPATION

REGULIN is the highest quality agar, plus the correct amount of cascara for muscular tone.

REGULIN permeates the feces, giving lubricative consistency and bulk because of its high moisture absorption. Prescribed for over a quarter century. Your druggist has it.

REINSCHILD CHEMICAL CO.
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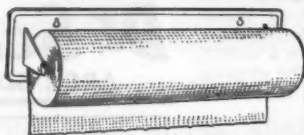
full size package of Regulín and color plates with clinical report by Prof. Dr. Adolf Schmidt.



New Professional Prices on Kleenex Towels Now in Effect

LET Kleenex products cut office towel expenses. They are far more sanitary . . . as soft as old linen . . . and they look so much more professional. These super-soft, super-absorbent towels serve endless uses—and they save you money. Due to elimination of binding materials, starch, glue sizing, etc., Kleenex towels are as clean and sanitary as any non-sterile gauze. No odor when wet. Order at these new prices at once.

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Holder
15 cents

9" x 12" HAND TOWELS

45 Towels (four thicknesses) to a Roll, Tissue-Wrapped

1 package (6 rolls)	• • • • •	\$ 1.25
1 case (12 packages)	• • • • •	12.50

Preferred by Professional Men for

A supplementary towel
Cleaning and dusting equipment
Covering bracket table
Cleaning instruments
Covering for headrest
Polishing mirrors and glass
Wrapping instruments
Dental bib

For all cleaning and drying purposes except those
requiring strict asepsis or heavy towels



KLEENEX COMPANY

Lake Michigan Building

Chicago, Illinois

The hospital in which I live "(Outsiders say I am incarcerated!)" is in the environs of a large city. Occasionally a member of the staff will invite me to accompany him to a meeting of the county medical society. Whether or not the paper of the evening and the discussions are illuminating, I find myself making comparisons between these meetings and the gatherings at our institution.

We motor to the city and, after fighting traffic for half an hour, near the medical society building. We jockey around for parking space, finding it three blocks from our objective. Then—as pedestrians—we dodge cars.

We are late for the opening; but that is of no consequence, for our brethren are in the preliminary business session. Tired at the end of the day, their nerves on edge, they must wrangle over proposed or pending legislation, or maybe over the plan of State

medicine, or the cost of medical care, or whether one of their number has violated that almost indefinable something known as medical ethics.

On the platform, near enough to the speaker to be of annoyance, is a large blackboard on which the janitor writes names at frequent intervals. The mere approach of the janitor is sufficient to divert attention from the paper being read. The man whose name is written hastens from the room, his fellow members inwardly—oftimes audibly—speculating as to the genuineness of the hurry call.

So much time has been consumed by the business session that the speaker must curtail his remarks and the discussion is condensed to such an extent as to make it practically valueless. It is all so very different from the refreshing, stimulating gatherings at the hospital.

[TURN THE PAGE]

THIALION

is being recognized by physicians because of its outstanding therapeutic values found in Sodium Sulphate (USP) Sodium Citrate (USP) Sodium Chloride (USP) and Lithium Citrate (USP) in synergistic action.

THIALION is a dependable antacid, laxative and diuretic especially indicated in the treatment of acute constipation, febrile disturbances, common cold, rheumatism, gout and too free indulgence in alcohol.

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Please send me your booklet without obligation.

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An
ethical product
advertised only
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Is your baby enjoying

The Results of Progress in infant feeding?



Advice on baby's diet is offered freely on every side to the point where it is confusing and conflicting.

It is not the intention of this book to add to the confusion. Instead, it tells simply how Gerber's foods for baby came into being and how they are prepared—the story of progress in infant feeding.

When you are confused about anything you do not understand, you ask someone who knows. Why not do this in the vitally important matter of food for your baby?

The doctor plans diets for lots of children. It's a simple, every-day matter to him. Give your baby the benefit of competent individual medical advice.

Dan Gerber

As an expression of our policy in all lay contacts and advertising, we reproduce this title page from our booklet, "Progress in Infant Feeding," distributed to thousands of visitors at the Gerber Exhibit, Hall of Science, A Century of Progress. Gerber Products Company, Fremont, Mich.



Ask Your Doctor

The newspapers indicate that the people at large are confronted by an ever increasing number of economic problems. These arouse no fear in me. I am serenely passing through this vale of other people's tears.

Nothing could strike terror to my soul, or even give me passing fright, unless it were the closing of the doors of this delightful abode in which, at public expense, I am privileged to revel in my enjoyment of the art of living.

A Commentary on the Art of Living

[FROM PAGE 26] desire for power and success which never ceases to nag him, which forces him into all sorts of activities, which spurs his flagging interests and powers of endurance.

And so the poor human being seems doomed to go through life the host of these opposing tendencies. In some, one tendency is strong; in others, the other.

Ask the man of affairs to give you a considered answer to the question of whether he would like to be out of it all, living a truly secluded life. His reply will invariably be NO.

Ask the other type of person described in this article what he would like to do and be. He will tell you the exact opposite. He is restless, leading a life without definite objective, without definite accomplishments, without the stimuli that require him to act, without the drive of necessity.

And so, if we confine our attention to these two extremes, we

Cystogen

Its Use in CYSTITIS and PYELITIS

The use of Cystogen in Cystitis and Pyelitis has become the recognized treatment of a large number of the American Genito-Urinary Specialists. It impregnates the urine with formaldehyde; washes the Genito-Urinary tract from the glomerulus of the kidney to the meatus urinarius with this germicidal solution. Its influence will be seen in the rapidity with which it neutralizes ammonia, destroys putridity, and clears the urine of the tenacious mucus so prevalent in bladder troubles of the aged.

Available in three forms: Cystogen tablets; Cystogen-Lithia; Cystogen Asperient.

Literature and Samples upon
Request

CYSTOGEN CHEMICAL CO.

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220 36th St., Brooklyn, N. Y.



The FOAMING Tablet in

VAGINAL THERAPY

FOMOS, the modern effervescent tablet, makes feminine hygiene easier, cleaner, more convenient. No apparatus. No douches. No technique necessary. Preferred by your patient for its esthetic superiority. One tablet inserted close to the os uterus disintegrates almost immediately and liberates a gas (CO₂) which diffuses ingredients in a dense, viscous foam, penetrating into every fold and crevice of vagina.

FORMULA: Quinol, Oxquinolin sulphate, boric acid, tartaric acid, sodium bicarbonate and other valuable ingredients. FOMOS is the professional vaginal antiseptic, deodorant and prophylactic. Formula used exclusively by doctors for over ten years.

Fomes Laboratories, Inc.,
Dept. ME-11, 267 Fourth Ave.,
New York, N. Y.

Send free professional package of FOMOS.

Dr.

Address



Effective IODINE MEDICATION

*With the
Undesirable
Features
Minimized*



THE usefulness of iodine therapy is well established, but how to secure it without iodism has long been a problem. In a general sense, of course, iodine therapy is inseparable from iodism, but

barring idiosyncrasies, the severity of the symptoms of iodism is directly proportional to the amount of iodine retained in the blood. This amount, in turn, depends upon the quantity administered.

RIODINE (Astier)

Organic Assimilable Iodine

In RIODINE (Astier), which is a 66% solution in oil of an iodized glyceric ether of ricinoleic acid, containing about 17% of iodine, the iodine is held in such a form as to pass through the stomach unchanged as iodized fat and to be absorbed from the intestines. Consequently, it is held in the cells in a lipoid-soluble form and remains in the body for a considerable period of time.

Riodine (Astier) is of obvious advantages in cases where the continuous action of small amounts of iodine is desired, such as *Cardiorenal disturbances, Hypertension (Arteriosclerosis), Bronchial Asthma, Chronic Bronchitis, Pulmonary Emphysema, Chronic Rheumatoid Arthritis, Latent Syphilis, Lead Poisoning, Hypothyroidism, Simple Goitre, Obesity.*

Write for Information and Sample

GALLIA LABORATORIES, Inc.
450 Seventh Ave., New York

find neither one enjoying contentment and peace of mind.

The art of living does not necessitate an environment in which everything one wants is easily accessible. It does not depend upon external things. If it did, our hospitals for mental disease would be bombarded by an ever increasing army of those who wanted admittance.

But the opposite is true. The walls are bombarded *from within* by those who wish to get out.

Peace, contentment, a feeling of being equal to the demands made upon one, a keen interest in life—in other words, a well worked out equilibrium of all the forces that play upon us—is a fundamental necessity if the art of living is to become a reality.

Peace resides within; it is not dependent upon things without. It is the inner values that count most, and it is to their cultivation that civilization should turn.

use of office three hours a day for own private patients.

Makes all home visits for older physician; plans to take over the practice entirely in a few months' time; meanwhile gaining excellent experience under efficient tutelage; believes the advantages of present plan outweigh the disadvantages, since income, though small, is assured.

Dr. H. J., located in town of 25,000; general practitioner; has largest child practice of all the local doctors; considerable obstetrical work; women engage him so he will care for babies afterward.

Only physician in town who employs a graduate registered nurse; finds it "more than pays"; nurse assists at home deliveries, makes home visits to instruct mothers in child care; doctor charges small fee for this service.

Dr. B. S., located in New York City; office on ground floor of private home; practicing for more than thirty years; mostly children's work, though still has few patients who have grown up but refuse to change doctors; now caring for many of second generation.

Five years ago, at suggestion of some parents, began sending out notices reminding mothers when children of more than two years were due for health check-

Child Practice

[FROM PAGE 21] work at children's hospital; finished eight months ago; accepted offer to become assistant to elderly pediatrician in large Western city; compensation: small monthly salary and

Send for a Sample!

MICAJAH'S MEDICATED WAFERS

Advantages inspire patients' cooperation in carrying out treatment because Micajah's Wafers are convenient and easy to use at all times having none of the inconveniences common to douche and fountain syringe. Prescribed by thousands of physicians for more than fifty years and universally appreciated by patients everywhere. Recognized success has made them first thought in cases of hypersecretion, ulceration, tissue relaxation, inflammation of the vaginal tract, and

LEUCORRHEA

Tissue-shrinking. Tissue-toning. Soothing. Non-toxic. Decongestive. Astringent. Non-irritating.

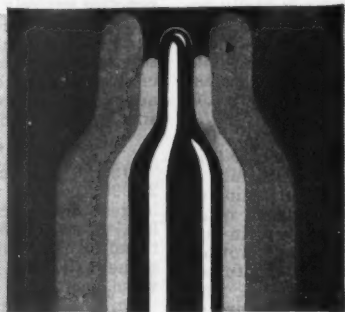
Do not wear out in effect. Samples and literature to physicians upon request.

MICAJAH & CO.
214 Conewango Ave.,
Warren, Pa.

Dr.

Address

MALLINCKRODT ARSENICALS



NEOARSPHENAMINE

SULPHARSPHENAMINE
ARSPHENAMINE

have **SAFETY**

Mallinckrodt Arsphenamine, for instance, is tested for tolerance at 37 times the average therapeutic dose.

The pre-release chemical tests and the *triple safeguards* that only Mallinckrodt Arsenicals bring you,

are described in a new book accepted by the Council on Pharmacy and Chemistry of the A.M.A.

Send for it today—Just attach this illustration with your name, address, and the name of your dealer.

Mallinckrodt

CHEMICAL WORKS

Makers of Fine Medicinal Chemicals

Second and Mallinckrodt Streets

St. Louis, Missouri

ups; idea sprang from his habit of sending greeting card to each patient on his or her birthday until twelfth year was reached.

Parents like reminder system; none resent it; works well; charges full office fee for all visits to office even if just for advice; charges one-half office fee for all advice given over telephone; finds this plan reduces number of interruptions by telephone calls and increases office visits.

Sends bills out first of each month even if only for one call; sends follow-up bill on fifteenth of month if still unpaid; employs part time typist as well as office nurse.

Dr. D. C., pediatrician; located in large city, not New York; office in professional building on eighteenth floor, very light and airy, attractively furnished, washable rugs on floor, gay washable paper on walls, ferns, flowers, bowls of gold fish, small chairs, games, large doll house, several dolls, and toys, all conveniently at hand.

Sees patients only by appointment; allows a half hour for each one; lets child amuse self and feel at home while doctor talks with mother; makes a point of not paying too much attention to child at first; believes little ones prefer to make own advances.

Never wears white coat nor allows nurse to wear white; nurse dresses in attractive colors of washable material; has nurse hold babies in such a way that they cannot see the doctor when he gives immunizations; distracts attention of older tots so that none of them will associate pain with the doctor; believes this is very important.

If child has reached the age of reasoning, physician never tells him treatment "will not hurt"; says it will hurt a little and wins child's confidence; often has child watch the treatment and become

IT IS COMMON KNOWLEDGE

.... that today many, many people are subduing symptomatic pains with lay advertised analgesics, postponing the medical care which might mean so much to them.

So—we suggest that you use and prescribe ethically controlled drugs—drugs which the public is not constantly advised are "safe" or "harmless". More and more physicians are employing our three improved analgesic-antipyretic drugs as actual experience discloses their merit. The descriptions are below. Samples are available.

TABLETS MAGNESPIRIN

The improved aspirin

Tablets Magnespirin, artificially colored yellow, contain 3 1/3 grains of acetylsalicylic acid potentiated by Magnesium. They are replacing the familiar 5-grain aspirin tablet.

TABLETS MAGNEPYRINE

The improved amidopyrine

Therapeutically equivalent to the familiar 5-grain tablet of amidopyrine, each Tablet Magnepyrine contains only 2 3/4 grains of the drug potentiated by Magnesium.

TABLETS MAGNECYLATE

The improved sodium salicylate

Tablets Magneccylate containing only 3 grains sodium salicylate potentiated by Magnesium are equivalent to the familiar 5-grain tablet of sodium salicylate yet avoid the quite usual gastric disturbances and intolerance.

Pharmaceutical Division

THE CALCO CHEMICAL CO.
Incorporated
Bound Brook, N. J.

interested in what is being done; finds majority of children are cooperative if handled right, unless they have been deceived some time before; believes most children who fear and distrust doctor have been told untruths and have lost faith. (This doctor, incidentally, is very busy.)

Dr. S. B., just starting as a child specialist; located in same building as doctor just described; office on second floor; little light or air; dark curtains at windows; no small furniture; no toys; stated that no effort was made to attract or amuse children since his was "a doctor's office, not a play room."

Children seen by appointment (when seen at all) so "do not have to wait, therefore need no entertainment"; during course of conversation complained that business was "not developing due to depression"; blamed public clinics for robbing him of practice; said clinics should be more closely supervised for the protection of private physicians; is seriously considering "closing up shop and taking a salaried position."

Dr. Z. F., woman pediatrician; started specializing two years ago; located in a professional building in a city of about 2,000,000; believes first impressions of office and doctor are lasting.

Dresses simply but in attractive colors; little chairs grouped about small table with miniature lamp and picture books are first things seen as office is entered; has rag dolls and games, clothes tree for children to hang hats

and coats on, full length mirrors, pretty pictures on walls.

Tries to make office look like home living room; no instruments ever allowed to be seen; office nurse, a graduate, gives all immunizations, vaccinations, and other painful treatments that are simple.

Practice is being built up satisfactorily; believes this is due partly to custom of making home visits to children when they are well; drops in to see them as a friend; does not discuss medicine or health; has opportunity thus to see child in home environment which often gives a better understanding of the child; creates atmosphere of comradeship, making little one more willing to cooperate when ill.

Believes this friendship is building right attitude toward physicians, that will carry over into adult life; also of the opinion that parents either retain one physician or seek another largely in accordance with the child's feelings toward the doctor; is convinced that these unpaid-for home visits pay for themselves many times over in the end.

So what did these interviews reveal? That there are limitless opportunities for any physician working among children; that it is possible to gain the good-will of a child and to win the confidence of the parents if the right attitude is taken toward the work; that whatever is planted in the impressionable mind of a little one now will greatly influence his ways of thinking about physicians as a whole in later years; that unless a physician really loves children this field

BROMO ADONIS

THE BROMIDE OF GREATER TOLERANCE, GREATER POTENCY, WIDER USEFULNESS.

Bromo Adonis No. 1... in nervous indigestion, hysteria, insomnia, etc. Bromo Adonis No. 2... when a more lasting sedation is indicated, as in chronic idiopathic epileptic cases.

A sample of either type gladly sent to any registered physician.

TUCKER PHARMACAL COMPANY, 221 East 38th St., New York City

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Entacarb

You will welcome this new systemic alkalizer in conditions of acidity—in the prophylaxis and treatment of acids, and for increasing the alkali reserve in nephritis, pyelitis, catarrhs and rheumatic conditions, etc. Entacarb tablets are composed of sodium bicarbonate 5 gr., calcium carbonate 15 gr., pepsin 10 gr., and an enteric coating. The tablets are perfectly adapted for the treatment of acidity, and to disintegrate in the intestinal tract, with no risk of gastric disturbance.



Protonuclein

Our own tonic—the pioneer mixed gland product—which consists of a physiologic association of the hormones and extracts secretions of some of the principal endocrine glands.

Each three-grain tablet contains:

Thyroid	1/2 grain	Yarrow	1/2 grain
Parathyroid	1/2 grain	Calcitonin	1/2 grain
Adrenal	1/2 grain	Testosterone	1/2 grain
Epinephrine	1/2 grain	with Physalis, and other	

**Reed & Carnrick
Jersey City, N. J.**

Please forward my test supply of Protonuclein.

Dr......

Address.....

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Postage
Will be Paid
by
Addressee

No Postage
Stamp Necessary
if Mailed in the
United States

BUSINESS REPLY CARD

First Class Permit No. 652, Sec. 510 P. L. & R., Jersey City, N. J.

REED & CARNRICK

**155-157 Van Wagenen Avenue
Jersey City, N. J.**



XUM

Protonuclein acts specifically on the glands of the internal secretory system, and tends to correct any apathy, deficiency or derangement of these important structures. The metabolism of the whole body is promoted, nutrition is improved, and the defensive forces of the entire system increased. Protonuclein increases leukocytosis, thus aiding in the destruction of pathogenic bacteria. Physicians prescribe it extensively as a prophylactic against colds, in neurasthenia, malnutrition, debility, acute diseases, convalescence, and in all other indications where an efficient reconstructive tonic is required.

Important—Protonuclein is a builder, not a stimulant.

**MAIL
THE
CARD**



Sign and mail the attached postal card and we will forward a complimentary supply of Protonuclein for you to test clinically. Samples of Entscarb or Trophonine, and descriptive literature, will also be sent upon request.

KEED & CARRICK

Jersey City, N. J.



Trophonine

A delicious tonic food for the sick. Trophonine is prepared from beef, milk, egg, milk and cream, and contains the proteins and carbohydrates in a perfectly digested and easily assimilable form. Trophonine is a quick energy producer, and is well suited when a food with sustained energy and nutritive qualities is desired. It is the substance to which convalescent patients, chronic and the exhausted weak, come closest when they are unable to take solid food. It is a tonic, a restorative, and a source of energy.

should not be chosen, but that if he does, the rewards may be many, both in personal satisfaction and in monetary returns.

There will always be new babies. There will always be parents seeking out the finest pediatricians. There will always be child specialists to answer the call. Perhaps the few facts gleaned from the interviews partially recorded here will offer helpful suggestions to those now engaged in pediatrics as well as to those about to enter this field.

One thing is certain at least—the observations made give definite clues as to the policies that are making and those that are breaking pediatricians today.

Home, Office Combined

[FROM PAGE 13] room has a cream ceiling and light green sidewalls. White trimmings predominate, except for the doors, which are gumwood.

The original waiting room faced the street, while the present one overlooks the flower garden. This makes for a more cheerful attitude among patients while they are awaiting their turn.

In keeping with the rest of the home, dark, walnut-finished colonial chairs are used exclusively in the waiting room. Far too often have I overheard patients telling others that some doctor had put his discarded home furni-

ture in the waiting room. I decided to use a distinctive type of chair, selecting the colonial type as most durable and inviting.

All floors in the office are covered with spatter-block inlaid linoleum, relieved by a black border. Adjoining the operating room is a washroom for the use of both patients and family. This is one convenience which is often overlooked in planning a physician's home-office, and I believe it well worth consideration.

A double door to insure greater privacy is fitted between the waiting room and private office. The layout adopted permits patients to leave through the hall without returning to the waiting room if they so desire. This is another desirable feature often omitted in office planning.

The office and home are served by three telephones which permit answering from the office, house hall, or bedroom.

The operating room is equipped with a modern first-aid table, a quartz lamp, an infra-red lamp, and a built-in cabinet for supplies. Under the cabinet are a sink and cupboards.

All windows are of the swinging type, a four-section unit in the south and a three-section unit in the west. An incinerator is provided in the corner of the office, and a ventilating fan for clearing the room of odors is located near the ceiling in the southwest corner of the room. This is fitted with a cover door for use when the fan is not in operation. Softened hot water is available at all times.

[TURN THE PAGE]

Samples and Information on Request

R TAUROCOL

ME-11 (TOROCOL) TABLETS—A True Chologogue
THE PAUL PLESSNER CO. DETROIT, MICH.

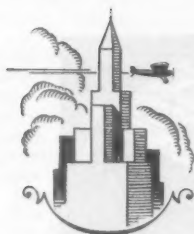




La Convalecencia en el Siglo XVI

This sixteenth century woodcut shows a room in the Hotel Dieu in Paris where plague victims are recovering from the ravages of the disease. The beds were intended for two patients but frequently five or six were crowded into each one regardless of age, sex or malady. The hospitals were so filthy that convalescence was often more fraught with danger than the illness itself.





IN THESE MODERN DAYS

With the progress of medical science, reasonably hygienic conditions can be assured. Especially in convalescence, however, there still remains the problem of insuring the co-operation of the patient.

Where a tonic is indicated Eskay's Neuro Phosphates is unrivalled. Not only is it of value as a nerve tissue reconstructive, but it is also a stomachic bitter, increasing the flow of gastric juice and stimulating the appetite. And—a prime consideration—its pleasant flavor and appearance make it acceptable even to the most difficult convalescent.

ESKAY'S NEURO PHOSPHATES

SMITH, KLINE & FRENCH LABORATORIES

Established 1841 :: :: Philadelphia, Penna.





PAIN that incapacitates, suffering that spells mental as well as physical discomfort, are relieved by *Atophan* promptly and efficiently in gout, rheumatic fever, arthritis, neuritis and neuralgia. Atophan also increases the elimination of uric acid and inhibits its formation.

RELIEF of pain enables the early use of physio-therapeutic measures, such as massage, passive and active motion. In sciatica and inflammatory conditions of other nerves, this may prevent shortening of the nerve.

ATOPHAN is the *original* phenylcinchoninic acid, a specially purified product, supported by the satisfactory experience of years as an efficient analgesic, antiphlogistic and uric acid eliminant. Literature and trial supply on request.

A T O P H A N

SCHERING & GLATZ
INCORPORATED
113 W. 18TH ST. NEW YORK CITY



There is a decided advantage in establishing the office in connection with the home.

First of all, patients are educated to seek the physician at his home. The general practitioner who is on duty 24 hours a day must be ready for immediate service at any hour. The many odd moments during the day in an office downtown are of no real benefit as soon as the routine work has been accomplished. If the office is established in conjunction with the home, however, the doctor can use those odd moments for working in his garden or on any other little jobs he would otherwise do late at night or hurriedly in the morning or at noon.

There are undoubtedly advantages in a downtown office for the city practitioner. But where the village physician is concerned, I believe there are greater benefits in establishing an office in the home.

If I were a specialist with definite hours set aside for patients, then the downtown office would be ideal; and definite hours could be set aside to be spent at home. But as a general practitioner who must be ready at all times to give service to a dependent community, the only location for my office is within the home.

I do not recollect any colleague of my acquaintance who has an office downtown and who does not have some sort of an office in his home as well. In small-town practice, this involves a double expense which is as unnecessary as it is inefficient.

By combining home and office, I eliminate the downtown parking problem—which is to be reckoned with even in a village. The item of office rent is eliminated, too, and the amount so saved goes a long way in other directions.

Social evenings are possible with the office in the home; yet the physician is available at all times. With a downtown office and evening office hours, on the other hand, it is practically impossible for a doctor to establish any social life. Even during afternoons, office hours may be used by the physician to enjoy brief visits with acquaintances in his own home, which would be impossible with an outside office.

True, village practitioners have combined their offices and homes for decades. There is nothing new about the idea. It has been popular for the reasons I have outlined.

The daily program in my home-office is arranged to allow my assistant to be away on and off during the day if she desires. When we are to be absent in the evening she remains at the house to take any calls. This would be much less convenient if I had a downtown office.

I believe there is still another important advantage in connection with an office in the home: There are patients who will walk to the physician's office in the evening who would not as freely visit him in a downtown office.

Patients are touchy about being sick enough to visit a physician; and the office in the home elimi-

CREAM *of* NUJOL

Nom medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

KAOLIN *plus* SORICIN

KAOLIN

Adsorbs
bacteria
toxins
gas

Soothes
the mucosa

Protects
ulcerated mucosa

SORICIN

Detoxifies
bacteria and
their toxins

Inhibits
proteolysis by putre-
factive organisms

Checks
hypersensitivity

KARICIN



A Normal Bowel

Indications: KARICIN is used particularly in cases of intestinal putrefaction and toxemia, mucous colitis, and various systemic diseases where intestinal intoxication may be secondary or is suspected as the primary cause of the trouble.

Dose: 1 tablespoonful three times a day.

Sample and literature
on request

**THE WM. S.
MERRELL COMPANY**
Cincinnati,
U. S. A.



nates much of that embarrassment. In addition, I believe that patients are more easily questioned in a home-office than they are in an outside office.

The office in the home is generally on the ground floor. Patients are often too sick to walk up a flight of stairs; and there are few elevators in village office buildings. This accessibility is one of the major advantages of a home-office.

When home and office are in one, the physician's wife can usually reach her husband immediately, and inform him when he is needed. In a downtown office, with no one there for several hours of the day, it is far less simple.

In planning our house, we purposely arranged for the driveway to be just as close to the entrance as possible. This is a real convenience to patients who insist upon coming to the office afoot, even though they find walking difficult.

My wife and I have always contended that the reception room is the most vital room in a doctor's office. And I do not think there can be much doubt about it.

First impressions are lasting. They are bound to be. And it is from the reception room that the patient gets his first impression of the doctor.

It reveals in a moment his judgment and discrimination. It tells whether he is old fashioned or modern in his ideas, whether he considers his patients' comfort or not.

Patients must be quieted if possible by the right surroundings, and placed in the proper frame of mind. Otherwise, they will come to dislike the physician, misunderstanding his motives in conducting his practice.

Attention to this detail will not only have its effect on the patient's responsiveness to treatment, but will create untold goodwill for the practitioner.

SANMETTO

for URETHRITIS
CYSTITIS
PROSTATITIS

An indispensable aid
for relief of ARDOR
URINAE and for
FOLLOW-UP
TREATMENT.

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

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Peacock's Bromides

A combination of the
five important bro-
mides, Fifteen grains.
each fluid dram.
GREATER EFFEC-
TIVENESS, TOLER-
ANCE and LESS-
ENED RISK of
BROMISM.

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4500 Parkview

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**SINCE THEY WON'T TAKE EXERCISE
THEY MUST TAKE LAXATIVES...**



**Prescribe this laxative FOOD
instead of weakening DRUGS**

PEOPLE refuse to adapt their dietary to their sedentary ways of living. And they cannot or *will* not exercise enough to enable their systems to eliminate the constipating foods they indulge in. So naturally a large number suffer from constipation and attendant ills.

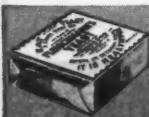
Left to their own devices, people usually resort to laxative drugs which often are drastic and irritating in their action and frequently have a weakening effect over a period of time.

This objection is not true of Fleischmann's Yeast. It is a *food*, with very valuable corrective properties. It does not "gripe" or irritate. It is not habit

forming. It has a gentle cleansing effect. It softens impacted masses and when used regularly *strengthens* the intestinal muscles.

Fleischmann's Yeast is at least a partial substitute for exercise and sunshine. It provides the laxative effect which exercise gives. It supplies the "sunshine" vitamin D. In addition, it is extremely rich in vitamins B and G.

Advise your patients to make use of this food. Simply recommend three cakes a day—before meals, or between meals and at bedtime—plain, or dissolved in a third of a glass of water.



**A corrective
food...
very rich in
Vitamins B, G, D**

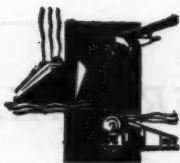
Health Research Dept. MA-11, Standard Brands Inc.
691 Washington St., New York City
Please send me new edition of "Yeast Therapy,"
based on the findings of noted investigators.

Name _____

Address _____

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Tours & Cruises



THE MODERN THIRD CLASS TO EUROPE: This interesting folder describes an economical means of traveling to Europe: on any one of Holland-America's "Spotless Fleet," consisting of the S.S. Statendam, S.S. Rotterdam, S.S. Veendam, and the S.S. Volendam. These ships all call at Plymouth Boulogne-sur-mer, and Rotterdam. Excellent air and rail connections can be made to all parts of Europe. The return voyage includes another call at Boulogne-sur-mer, and one at Southampton. For rates, sailing dates, and further information write the Holland-America Line (ME Item 11-33), 29 Broadway, New York, N. Y.

FURNESS WEST INDIES CRUISES: A wonderful cruise at a surprisingly low cost is fully described in this folder. The first call is at St. Thomas. From there you go to St. Croix, St. Kitts, Antigua, Guadeloupe, Dominica, Martinique, St. Lucia, Barbados, Trinidad, St. Vincent, and Grenada. The port-to-port description of the trip is most interesting, and there are many pictures. Write the Furness West Indies Line (ME Item 11-33), 34 Whitehall St., New York, N. Y.

ROUND THE WORLD: According to a folder entitled the "Magic Touch," the Canadian Pacific Steamship Line is now offering a perfectly planned and perfectly timed cruise for the winter months. Leaving New York January 4, the Empress of Britain visits 38 ports in 130 days, all of which are reached at the height of the season. In addition to the world cruise, a 69-day trip through the Mediterranean, taking in such ports as Madeira, Morocco, Venice, Bethlehem, and Cairo, affords an ideal vacation for the winter season. Write: the Canadian Pacific Steamship Line (ME Item 11-33), Madison Ave. and 44th St., New York, N. Y.

VIKINGLAND VACATIONS: A booklet by this name is offered to assist the prospective traveler in planning the very best of Norwegian tours. To fully enjoy the beauty of the "Land of the Midnight Sun," an inland tour has been combined with the cruise. In this way the traveler sees the charm of Norway's countryside and cities as well as the scenic beauty of the fjords. The Viking country sounds like an excellent suggestion for travel. This 16-page booklet, containing full information and illus-

trations will be sent upon request by the Norwegian Government Railways Travel Bureau, (ME Item 11-33), 342 Madison Ave., New York, N. Y.

NORTH GERMAN LLOYD LINE: This booklet describes the entertainment during a 4½-day transatlantic voyage and pictorially gives one an idea of the interior of two of the fastest liners afloat. Before booking your passage to Europe obtain a copy from the North German Lloyd Line, (ME Item 11-33), 57 Broadway, New York, N. Y.

COAST TO COAST: Judging from the contents of this new booklet, the "Big Three" liners of the Panama Pacific Line are offering their passengers a delightful voyage to the West coast, by way of Havana and the Panama Canal. Apparently, this is a good chance for patients who feel the need of a complete rest cure. The ships that make this run—namely, the California, the Pennsylvania, and the Virginia—are said to be the largest liners in the intercoastal service. Photographs of the accommodations look extremely attractive. A copy of the booklet giving full details about this line may be obtained by dropping a card to the Panama Pacific Line (ME Item 11-33), One Broadway, New York, N. Y.

BERMUDA AND THE BRITISH WEST INDIES: Anything you wish to know concerning cruises to the West Indies for the winter season may be found in a new folder bearing this title. Among other things, it gives full information on the three-week voyages available to British Guiana, Barbados, Trinidad, and Jamaica. Write the Canadian National Steamship Line (ME Item 11-33), 294 Washington Street, Boston, Mass.

SWITZERLAND: A group of booklets and folders which will prove invaluable to the prospective traveler in Switzerland may be secured by writing the Swiss Federal Railroads (ME Item 11-33), 475 Fifth Avenue, New York, N. Y.

PACIFIC-SOUTH SEA CRUISES: Two excellent travel suggestions for the physicians are contained in an interesting new folder: Sailing January 12 from Los Angeles, the S.S. City of Los Angeles starts a 40-day exploration cruise of the South Seas, visiting such ports as Tahiti, the Tongan Islands, the

GOVERNMENT RULING

ends confusion on bran products

TO PROTECT the buying public, the United States Food and Drug Administration has advised that every package of cereal labeled "Bran" state on the label exactly what it contains. If less than 50% of the cereal is actually bran, the definite percentage should be printed plainly on the carton. If other parts of wheat are included, a qualifying phrase explaining this should be added.

BEFORE this ruling, it was not easy for the purchaser to distinguish between a cereal that was entirely bran, or all bran with flavoring, and another that was mostly wheat.

Kellogg's ALL-BRAN is labeled "ALL-BRAN Deliciously Flavored with Malt, Sugar and Salt," a statement which describes the product fairly and honestly.

Kellogg's ALL-BRAN corrects most types of common constipation safely and pleasantly. However, Kellogg's ALL-BRAN is not a "cure-all." Certain types of intestinal disorders should be treated only on a physician's advice. But if you can eat leafy vegetables—you can also eat Kellogg's ALL-BRAN—for its "bulk" is much the same as that in these vegetables.

When you buy a bran cereal, read the wording on the package. The facts are there! Get Kellogg's ALL-BRAN. At all grocers. In the red-and-green package. Made by Kellogg in Battle Creek.

Other Kellogg Products with Bran

* Kellogg's Bran Flakes, with other parts of wheat, now contain more than 50% bran.

* Kellogg's PEP contains less than 50% bran and is now labeled "Toasted Wheat with Extra Bran Added."

* These products, while mildly laxative in character, are popular mainly as delicious, healthful ready-to-eat cereals—and are not recommended primarily for the relief of constipation.



Fiji Islands, and Hawaii. Sailing from Los Angeles on January 23, the new liner, Lurline, points south for a combined South Sea and Oriental Cruise lasting nearly three months and including shore excursions at all ports. A journey to stir the imagination. Every nautical mile promises you a complete change. Write for descriptive literature to the Matson-Lasaco Line (ME Item 11-33), San Francisco, Cal.

Eyes and the G.P.

[FROM PAGE 79] recommend that the eye be given regular moments of rest. The younger the individual, the more frequent the periods on a scale of five to twenty minute frequency.

Since the position of rest of the eye is that for distant vision, thereby making it the worst eye in the animal kingdom for its

job, we rest the eye by closing it, thus allowing it to snap into the distant position, or by looking off into the distance.

Simple story, isn't it? Book at an angle of 45 degrees or slightly more with the flat table top...14 inches or slightly more from a normal eye...work brought up to the eye, not the eye down to the work...erect sitting position...good light, without glare...regular rest periods permitting the distant-vision position of the eye...some expense...a little time and thought...luxuries if you wish...and the method applies all along the line.

That's the summary of the fight against myopia, eye strain, and perhaps more.

Follow the trail into offices. Read the postoffice survey.

Factories have done better because proper lighting and eyesight conservation means increased production and less accidents. [TURN THE PAGE]

There's nothing like a **SEA TRIP** on the largest liners to **CALIFORNIA**

No other mode of travel affords as much genuine pleasure as travel by sea. When you go to California, choose a Big Three liner, the largest in intercoastal service. The huge size of these fine ships assures you utmost comfort. The days will be happy ones, with swimming in two outdoor pools under tropic skies, broad

decks for rest and recreation, the thrill of Havana and the wonderful Panama Canal. All outside staterooms. Delicious cuisine. Excellent service. Low rates: First Class \$225; Round trip \$337.50. Tourist Class \$120; Round trip \$180. 25% reduction for round trips by sea. See your local agent. His services are free.

**PANAMA PACIFIC
LINE** International
Mercantile Marine Co.

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THE BIG THREE
S. S. CALIFORNIA
S. S. VIRGINIA
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One teaspoonful of Vince in a glass of water makes approximately a 2% solution.



Solution of Vince may be used as a spray for the nose or throat or gums.



Vince may be used as a powder on the toothbrush for protecting or treating the gums.



As a gargle, a solution of Vince in water is destructive to all types of germ-life in the throat and mouth.

Not only VINCENT'S INFECTION

Thoroughgoing tests and extensive practical experience have conclusively demonstrated that fresh oxygen liberated by VINCE not only destroys the spirilla and fusiform bacilli of Vincent, but every form of anaerobic and aerobic organisms with which it comes in contact.

Destructive though Vince is to all varieties of micro-organisms, it is not only harmless but actually stimulating to the mucous membranes. Vince is alkaline in reaction—it liberates and dissolves mucus.

Vince is a pleasant-tasting powder. As a powder it may be used for the disinfection of surface areas. In solution, it is a pleasant and efficient mouth wash and gargle in Vincent's angina, tonsillitis, pharyngitis, and a good oral prophylactic. It corrects unpleasant odor in the mouth (probably by destroying the *T. microdentium* present).

VINCE

THE OXYGEN-LIBERATING ORAL ANTISEPTIC
Simplifies and improves the hygiene of the mouth and throat.
Descriptive literature and trial supply on request.

VINCE LABORATORIES, INC., 115 West 18th Street, New York City

The financial as well as the conservational advantages are realized. But schools have been slow in adopting sight-saving methods.

Proper classroom lighting is comparatively new. The reading situation is almost unrealized, even today. And, as for the homes, it is my sincere hope that this article will persuade more than one family doctor to turn berserk or missionary, read the riot act, and insist that parents set up sight-saving in their homes.

And if you do this, it may be that in five to ten years our ob-

servers will not visit the subways or other spots and find about one individual in four wearing glasses and goodness knows how many more needing them.

Indeed, it may be that glasses will no longer be considered the badge of the scholar but rather, in many a case, a thing like the famous Scarlet Letter, a branding which tells the world that someone has blundered.

There is no reason any longer why that blundering should be blamed on ignorance. Man too may change from a one-humped camel to something that looks as if God had given it a backbone.

The Doctor and His Investments

[FROM PAGE 47]

What industries to invest in is equally as important as what stocks or bonds to select within those industries. Let me express a few opinions, therefore, regarding prospects in some of the better known groups:

Railroads look fairly good. Many of them are being operated with almost unbelievable efficiency. The better oils likewise enjoy a preferred position.

Stocks of companies producing building materials and equipment should profit from the Government's public works program. In

this field, try to pick the companies that will secure the largest volume of contracts.

Railroad equipment issues, reflecting improvement in the railroads themselves, ought to enjoy some sympathetic improvement. Agricultural equipment manufacturers have a better future before them now than they had a short while ago.

Don't get over-enthusiastic about the utilities. If you are holding or buying any securities in this group, common sense dictates that preference be given to the operating companies instead of to the holding companies.

Securities representing the retail trade, as well as those issued by coal producers, are not in the best position just now. Better defer purchases in these groups.

CREAM of NUJOL

No medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

Always the key question about Cod Liver Oil!

VITAMIN CONTENT!

VITAMIN A: not less than 50,000
U.S.P. units in each 100 grams.

VITAMIN D: not less than 13,333
Oslo units in each 100 grams.



EVERY physician is entitled to know two things about any brand of cod liver oil before he specifies it.

1. *What is its vitamin content?*
2. *How is this protected?*

These questions can be quickly and satisfactorily answered about Puretest Cod Liver Oil.

Puretest guarantees a Vitamin A content of not less than 50,000 U.S.P. units in each 100 grams.

It guarantees not less than 13,333 Oslo units in each 100 grams.

This rich vitamin content is always stable because it is protected from deterioration caused by oxidation. Before the containers are filled with oil, all air is forced out by filling with nitrogen gas.

When you advise cod liver oil for your patients, remember these important facts about Puretest. You can specify it without reservation—sure of guaranteed vitamin effectiveness.

AT ALL REXALL AND LIGGETT DRUG STORES

Puretest COD LIVER OIL
UNITED DRUG CO., BOSTON, MASSACHUSETTS



"The Health Number"

[FROM PAGE 45] that any lay group can do satisfactorily, provided it is honest and efficient. But as soon as such an organization becomes well-known to the public, it is bombarded from all sides by requests for information and services which it cannot possibly meet satisfactorily.

It is because the Cleveland Academy has always felt so strongly on this point that it decided in 1931 to finance its call service from membership dues, thus effectively removing it from commercial competition and securing its permanence.

While the service is free to all members of the Academy, those who make use of it are naturally required to pay for long-distance telephone calls, as well as for the insertion of the line "If no answer call Academy of Medicine, Cedar 3500" in the telephone directory after their own listing. The latter, costing \$1.50 monthly, is optional with the individual members.

The handling of emergency calls must take into consideration not only the condition of the patient, but the relation of that patient to the private practitioner and to the hospital. Furthermore, a large degree of the success of any such call service depends upon having intimate contact with all phases of the profession in a manner which no commercial organization could ever hope to approach.

One of the fundamental rules of the Academy bureau, advertised and popularly known by the name of "The Health Number," is that whenever an alternate physician is sent in answer to a call, in an emergency or otherwise, the patient's family physician is notified at once and told

CACTINA PILLETS

A non-toxic, non-irritating cardiac tonic made from the fresh green drug *Cactus Grandiflorus*.

Useful in ARRHYTHMIAS, TACHYCARDIA, TOBACCO HEART and the FAILING HEART of the AGED, etc. . . .

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Pharmaceutical Chemists

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St. Louis, Mo.



PRUNOIDS

A LAXATIVE THAT
IS HABIT BREAK-
ING NOT HABIT
MAKING . . .

A non-gripping elim-
inant with sustained
action.

A professionally rec-
ommended laxative
to restore NORMAL
PERISTALSIS.

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

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We Never Knew

until we offered our eye dropper bottle of ALKALOL to physicians that so few recognized how efficient it is for treating this organ. This is indicated by the many letters received expressing surprise and satisfaction. Tired or irritated eyes quickly respond to ALKALOL owing to its rather remarkable cleansing, soothing action. Any physician can easily demonstrate this by trying in his own eyes. For over thirty years ALKALOL has been prescribed and used on delicate mucous surfaces. Indicated in eye, ear, nose, throat, vagina or rectum.

Drop us a postal for eye dropper bottle.

THE ALKALOL COMPANY
Taunton, Mass.

to get in touch with the other doctor. This procedure helps to maintain intact the normal relationship between family physician and patient.

Nearly four hundred Academy members are listed with The Health Number, the majority of them carrying the bureau's call-line after their own telephone directory listings.

In order that there may be not the slightest favoritism shown in assigning physicians to calls as they come in over the switchboard, the whole system is operated on a geographical basis.

On the wall back of the telephone operator is a special census-tract map of the community upon which pins note the location of each doctor participating in the call service. When a call comes in from a certain section of the city, it is possible, by referring to this pin map and to the carefully kept card index, to assign to the case, if an emergency, the doctor member nearest the scene of need.

In non-emergency cases, if a person having no family physician calls the bureau for a doctor, he is given the names of at least three doctors in the particular locality desired.

In the last two months call service has been rendered to the patients of 85 members of the Academy who have not listed themselves with the bureau.

Naturally, the efficiency of the service is dependent to a considerable extent on the cooperation of the academy members who list themselves and keep the central office constantly informed of their comings and goings.

At the beginning of the service in 1931, it required 2.3 outgoing calls to complete each incoming call. With increased efficiency this figure has now been reduced to 1.0.

At the present rate The Health Number handles approximately 70,000 calls over its board annually.

Aside from the regular call service, the bureau through its public information service builds up in the course of a year a tremendous amount of good-will for organized medicine in the community. Calls for information run around 300 per month. They come from hospitals, and doctors occasionally, but the great majority come from the general public.

The Academy is thus made a sort of clearing house of information regarding the practice of medicine.

Requests for information are of the most varied kinds. The bureau usually manages to satisfy the query. It refuses to answer any questions pertaining to medication or treatment, except to state the facts with regard to advertised patent medicines and the like.

BEFSAL Is indicated in the treatment of ARTHRITIS

Used by Physicians for more than ten years.

BEFSAL may be used in sufficient concentration over prolonged periods to react on the causative factors of the disease, without detriment to the patient. **BEFSAL** exerts a corrective influence on the harmful ferments and toxins (due to mal-metabolism) which produce perversion of the functions of the epithelial cells of the intestines, without impairing the functions of the enzymes of those cells.

Literature sent on request.

Est. of Dr. S. Lewis Summers.

P. O. Box 220

Ambler, Penna.

KILL PUTREFACTIVE ORGANISMS IN THE BOWEL



There is one rational way to do this, and that is to promote the growth of the benign organisms — *b. acidophilus* and *b. bifidus* — Nature's method of changing the intestinal flora.

Lacto-Dextrin does this, because it provides the right carbohydrate foods to promote rapidly the growth of the normal, protective germs in the colon.

Where the patient has a toxic condition of the bowel, prescribe

BATTLE CREEK LACTO-DEXTRIN

(Lactose 73% — Dextrine 25%)

Lacto-Dextrin is a food, not a drug. It is easy to take — can be prescribed for any patient where the diet is not restricted in carbohydrates. May we send you a sample? Use coupon.



MAIL COUPON TODAY

THE BATTLE CREEK FOOD CO.,
Dept. ME-11-33, Battle Creek, Michigan.

Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name.....

Address.....

.....

.....

Speaking Frankly

[FROM PAGE 7]

Thanks!

TO THE EDITOR:
As a doctor's wife, I read **MEDICAL ECONOMICS** monthly, and pass on to my family the practical and stimulating suggestions it contains. Thank you!

C. E. T., Saginaw, Michigan

Thanks!!

TO THE EDITOR:
I have been a constant reader of **MEDICAL ECONOMICS** for several years, and have gleaned a great many points of practical value from its pages. Particularly do I wish to commend the editorial in the August, 1933 issue.

Louis Judelsohn, M.D.
Buffalo, New York

Amblyopia

TO THE EDITOR:
Reading your Speaking Frankly page has given me an idea. To state the fact correctly, I have a mental amblyopia in regard to the free work doctors are called upon to do.

Because of this blind spot, I fail to perceive why we are expected to work for certain classes free of charge and to give liberally to the community chest and to the churches, as well.

Why are we expected to go night and day to every preacher, politician, or self-elected aristocrat and pretend to like it? Refusing to do it, of course, is the shortest cut to unpopularity.

Thus the doctor is blackmailed into giving his services without compensation, and often without thanks.

Can't we do something about it?

T. E. S., M.D.

Fees

TO THE EDITOR:
Relative to periodic health examinations, it occurs to me that some of us work at a decided disadvantage, and so do the patients. The chief reason for this, I feel, is the insufficient degree of standardization, both in the thoroughness of the examination and the fee charged for it.

Since beginning practice I have urged my patients to get a yearly examination, and I have tried to educate them gradu-

OLD MEDICAL MAGAZINE FOR SALE. One of the oldest medical magazines is for sale, the former editor not being able to keep up the work; an opportunity for some enterprising young physician, or business man, who has professional connections. Very small capital necessary. A group of physicians and surgeons would no doubt find this journal a profitable investment, as well as good mental exercise. Address, for full information, C. W. F., P. O. Box 244, Burlingame, Cal.

ally to its advantages. This is by no means a simple problem, particularly with the older generation. For the average patient, a complete examination has meant three office appointments, and the time consumed has averaged eight hours.

At the first appointment I take a complete history and the laboratory work, which consists of urine, complete blood count and blood Wassermann; at the second visit the patient undergoes a thorough physical examination, being stripped for the purpose. These findings are now analyzed and coordinated before the patient's final visit at which time their entire physical and mental condition is explained to them with recommendations as to hygiene, exercise, diet, et cetera, and the necessary operations or office treatments.

Originally I did all of this for \$5; in a few months raised it to \$10; in a few more months to \$50; and I learned I had more patients at \$50 than at \$5. Since the depression I have voluntarily cut this fee in half, but few are at present able to take advantage of even this. In all of the literature I have read on this subject I have never seen any discussion of the fees involved for a certain amount of work.

I have had some of these same patients tell me that they elsewhere had had complete examinations for \$1, which usually meant a urine sink test and listening to the heart.

Ralph S. Hotzhauser, M.D.
Philadelphia, Pa.

[See article "100 Societies Report on Medical Fees," on page 22 of this issue, which gives the average fee for a health examination.—ED.]

Bills Aren't Necessary

[FROM PAGE 16] weeks ago I performed an operation on the son of one of my old patients. I told the father beforehand that I was not interested in any prescribed fee, but would be only too happy to have him pay what he could. As he had no idea what the operation was worth, I pointed out that \$150 was a fair price for it.

I could see by his face that this was more than he felt he could pay, so I immediately supplemented my remarks by saying

Important or not IT'S THE HUMAN THING TO DO

"Castor Oil," you say to your patient.

He apparently accepts the news bravely, but really there is no need for him to shudder.

The particular kind of castor oil you specify may seem relatively unimportant, but it is a *distinct kindness* to the patient when you specify "Kellogg's Tasteless Castor Oil," because it is free from after-nausea.

Kellogg's is free from castor taste and odor because it is *super-refined*, bottled and sealed at the refinery. It is absolutely pure, exceeds U. S. P. requirements. No aromatics or preservatives of any kind.

Your druggist has it in convenient 3 oz. bottles for 25c.

Be sure to say "Kellogg's."

WALTER JANVIER, Inc.

121 Varick Street

New York, N. Y.



DIATUSSIN

You may bring your search for a reliable agent for the control of coughs to a happy conclusion by the adoption of DIATUSSIN.

This product was originated for the treatment of Whooping Cough. Its value in this disease was so marked as to cause it to be employed in the treatment of other coughs. Its field now includes the coughs occurring from infancy to old age. You will be pleased with the results obtained with this drop-dose cough remedy.

Effective	Palatable
Economical	Non-Toxic

ERNST BISCHOFF COMPANY
INCORPORATED

135 HUDSON STREET NEW YORK, N. Y.



that this was not an arbitrary demand for a fee and that he could do what he liked about it. Possibly \$75, paid at the time of the operation, would be about right, I suggested, the rest to remain as a moral obligation.

As it happened, this sum was paid shortly after the operation, and a few days later I received a grateful letter from the father stating that although he knew I was going to send no bill he would see to it that I received a check for the remainder in the near future. This check, with the following letter, came in a week ago:

Enclosed please find my additional check for \$75 in payment of the balance due you for Richard's operation. My first check on account, for \$75, was sent you on September 11, 1933. Thanks again for your efficient and interested service.

Now remember that no bills had been sent to this man and I had received no assurance that I

would ever be paid the whole balance. I have cemented a friendship there which will be of lasting value; and, what is of equal importance, the man is satisfied that I treated him fairly.

One gratifying result of my plan is that the majority of patients make a sincere effort to pay me all they possibly can in cash. Sometimes they even go to extremes, as witness the following case:

I was to perform a certain operation upon a rather militant Irish gentleman who insisted upon knowing in advance how much it was going to cost him. In the quiet of my private office I smilingly told him that I was far more interested in getting him well than in obtaining any definite amount of money, and that my fee for such an operation was five hundred dollars down to nothing.

I also informed him that I sent

S. HAYDEN'S VIBURNUM COMPOUND, ANTISPASMODIC & SEDATIVE

for sale by reliable pharmacies in 4 oz. and 16 oz. bottles, is manufactured and distributed only by New York Pharmaceutical Company, Bedford Springs, Bedford, Mass., U. S. A.

Stop loss of time from work . . . from play . . . Prevent annoyance and upset schedules. Under proper medical supervision, the use of a reliable



antispasmodic and sedative, such as Hayden's Viburnum Compound, will often save valuable hours not only for women patients in gynecological conditions, but also to men patients in general practice. H.V.C. acts at once and is perfectly safe—containing Viburnum Opulus, Dioscorea Villosa, and aromatics but no narcotics. Prompt, effective and pleasant to take, H.V.C. has been prescribed by successful physicians for three generations. Sample to the profession on request.

R
HVC



Here's that
Easy-to-Take
COD LIVER OIL
for CHILDREN

With 1000 A Units and 150 D Units
 per gram of oil

If your efforts to build up infants and children have often been defeated by the fishy taste of commercial and unaccepted oils; if parents have not fully cooperated—try prescribing this easy-to-take cod liver oil.

The name is **Nason's Palatable Cod Liver Oil**.

This is the oil that children find easy to take. It is steamed from fresh livers of Norwegian cod within a few hours after the catch. Thus, it does not contain the disagreeable taste often associated with commercial oils. Then, we flavor it slightly with essential oils (less than 1/4%) to make it decidedly agreeable. Children take it readily.

Prescribe it by the name, **Nason's Palatable Cod Liver Oil**. Note how easily you overcome the objections of children and parents alike.

High Potency for Results

Then, because of highest recognized potency, you get notably increased resistance, and freedom from rachitic tendencies.

15 drops (1 c.c.) of **Nason's Cod Liver Oil** contain 1000 A Units (U.S.P.) and 150 D Units (A.D.M.A.). Less than one drop (.0066 gm.) a day for 8 days produces definite healing of rickets in leg bones of rachitic rats.

Prescribe from 15 to 30 drops (1/4 to 1/2 teaspoonful) 3 times daily for children—30 to 60 drops for expectant and nursing mothers. Specify **Nason's** by name on the prescription. Then note the results—in a lessening of complaints about taste; in the progress of your cases.

For free physician's sample, mail the coupon below.

Nason's
 Palatable - Lofoten
Cod Liver Oil
 EASY-TO-TAKE



Talbly-Nason Company (M.E. 14-33)
 Kendall Square Station, Boston, Mass.

Please send me free physician's sample of **Nason's Easy-to-Take (Palatable) Cod Liver Oil**.

Name

Street

City

no bills, and that whatever he decided he wanted to pay me would have to be paid in cash.

"But I haven't any idea what such an operation is worth, Doctor."

"Well, under those circumstances," I spoke up, "If you would like me to suggest what I think you ought to pay, I shall be glad to do so. There is a gentleman sitting outside on whom I performed a similar operation last week. He paid me two hundred dollars."

"He did?" my Irish friend exploded. "Well, I think he had a confounded nerve to ask you to come down in your price to that extent!"

"Not at all," I told him, "I was more than satisfied, and so was he."

After thinking for a moment he popped out: "I'd like to pay you \$350 for this operation. Will it be satisfactory?"

"I think that is very generous of you," I agreed. "It just shows me there are some people in this world who want to do the right thing if they can."

As if his first offer were not enough, the man later told me, as he was about to leave the office, that he had hastily thought the matter over, and felt that I ought to receive the whole five hundred dollars.

"No," I said, knowing what his circumstances were, "I won't take advantage of your offer. I shall accept \$350 and no more."

The operation apparently was far more successful than he expected. He kept coming to the office for a number of after-treatments, some of which were necessary and some not. After a month or so he said to me one morning: "Doctor, I've had many more treatments than I expected, and I want you to send me a bill for them."

"No," I objected, "You've done your part. It's up to me to do

mine. I certainly will not send you a bill."

"Well," he ejaculated, "If you don't let me have a bill I'm going to send you a check anyhow." And the following morning there was one for fifty dollars in the mail, accompanied by a most appreciative letter.

On the basis of most cases which I have handled in this rather unusual manner, my feeling is that I may lose out on the actual cash amount sometimes, but that this is more than offset in the long run.

The fact that impresses me most is that I feel like doing things for people at all times, regardless of whether I receive any fee or not. In other words, I am in the practice of medicine to help people and to let the financial end of it take care of itself—which it does very well, indeed.

Let me cite another case:

A man came in to see me a short time ago who had a severe eye condition due to a focus of infection which I could remove. He had been out of a job for three years, and was trying to support a wife and two children. As a doctor, should I wait until this man was in a position to pay me before operating upon him? Or should I assume the attitude of doing my duty, and taking it for granted that he would show his appreciation in some way later on?

Ushering him into my office, I said: "Look here, old man, you simply have to have an operation performed. I know you haven't a penny. If you can raise the money for your hospital expenses, I shall be glad to take care of you and to charge you \$150. This you can pay me some time in the future if you ever have it. I shall never send you a bill, but will leave it to you to do the right thing when the occasion arises."

So I operated upon him. His eye condition is clearing up. And his gratitude is unbounded. I

THE COMMON COLD

...TREATMENTS for the common cold have been innumerable and almost always unsuccessful. Within the past three years, alkaline medication has been suggested and is giving good results.

The chief cause for failure to relieve colds by this treatment is the difficulty of prevailing upon the sufferer to take enough alkali. A few doses will not help materially—it is necessary to take massive doses every 30 minutes.

Effective—Safe BiSoDoL

Because of its balanced formula, BiSoDoL can be taken in large dosage with less danger of setting up an alkalosis.

The presence of antifatulents and flavorings renders BiSoDoL of great value as a digestive aid, as well as an antacid in such conditions as sour stomach, gastritis and acid indigestion.

Send FOR SAMPLES
AND LITERATURE

THE
BiSoDoL COMPANY
NEW HAVEN, CONN.

BROMIDIA

(BATTLE)

Sedative

Hypnotic

A true synergistic preparation each of whose constituents aids and reinforces the therapeutic action of the others thus assuring a MAXIMUM SEDATIVE INFLUENCE with MINIMUM DOSAGE.

ECTHOL

Antipurulent

Indicated in all infections—general and local. Used internally ECTHOL STIMULATES LEUCOCYTOSIS and AUGMENTS the RESISTANCE of the BODY. Valuable as a local application in all POSTULAR FORMATIONS, SORE THROAT, FRESH CUTS and INFECTED WOUNDS.

BATTLE & CO.

Chemists Corporation
St. Louis, Mo.
M.E. 11-33

In Persistent Pain

PAPINE

(BATTLE)

is the opiate of choice. All the beneficent analgesic effects of opium have been retained with less tendency toward nausea, constipation and habit formation.

**An Effective
Alterative,**

IODIA

(BATTLE)

rapidly readjusts perverted bodily functions and reestablishes normal metabolism. Valuable in RHEUMATISM, GOUT, the SCROFULOUS DIATHESIS, LATE and HEREDITARY SYPHILIS, CHRONIC SKIN DISEASES, GOITRE and CHRONIC DISEASES in general.

have already received my reward in the inner feeling that I have done something that was more than worth while. Let the future go hang.

Several weeks ago, while talking over my plan with a group of doctors, I pointed out that a number of things under the new system of practice had struck me as quite phenomenal.

"First," I explained, "I have found out that the majority of patients are basically honest and that they are really anxious to pay their doctor all they owe him as soon as they can. In the second place, I have learned that people do not object to making cash payments for services, provided the responsibility is placed upon them to pay whatever they can afford. Next, I have had the satisfaction of knowing that I am taking care of almost everybody who wishes my services, and that I am not dependent upon intangible profits

in my books which never can be collected. And, finally, I have never had so many patients express their appreciation, often thanking me with tears in their eyes for accepting what they could offer in return for my services."

One must appreciate the fact that times have been pretty tough for everybody, and that if people are willing to pay a modest fee in cash now, they certainly will be able to raise the ante when times are better.

Some six months ago, a well known banker living in New Jersey brought his wife to see me. I had operated upon him when he was worth perhaps two or three million dollars. And I had sent him a pretty stiff bill which he paid without a murmur.

Of course, I could not help feeling that he had had his troubles

Liberal

Sample of

MU-COL
FREE for FEMININE HYGIENE

Anti-Catarrhal

Anti-Pruritic

Prophylactic

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Sedative

Non-Toxic

More and more, careful physicians are turning to Mu-col when an efficient aseptic wash without irritation is indicated. Corrosive coal tar and phenol washes are often undesirable.

Mu-col assures surgical cleanliness. For nearly 30 years eminent physicians and surgeons have used it for Membranous Diseases, Feminine Hygiene, Dermatoses, Scalds, Sore Throat, Fetid Breath—as a Nasal Douche, Gargle, Mouth Wash, Vaginal Douche, etc.

Mu-col is compact, easy to carry—a Saline-Alkaline Powder, quickly soluble in warm water.

Please attach coupon to your letterhead, card or prescription blank when requesting free sample.



FREE
Sample
Coupon

Mu-Col Co.,
Suite 343-J, Buffalo, N. Y.

You may send me a Generous Sample of Mu-Col without cost or obligation.

Name _____
Address _____



MARVOSAN FOR VAGINAL HYGIENE

No other preparation for vaginal hygiene has attained the prestige consistently maintained by MARVOSAN since its introduction to the medical profession many years ago.

MARVOSAN has the confidence of the medical profession because it has thoroughly established its dependability and has supplied every requirement for a safe and harmless vaginal antiseptic.

MARVOSAN is compounded of oxy-quinolin sulphate (C_9H_7NO)₂, H_2SO_4 , boric acid and lactic acid incorporated in a starch-glycerite base of balanced viscosity which insures adequately prolonged antiseptic action.

(Supplied in unlabeled tubes if desired)

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TABLAX COMPANY
32 Union Square New York, N. Y.

STORM



Worn, the world over, for
every condition requiring
Abdominal Support.

Ask for literature

Katherine L. Storm, M. D.
1701 Diamond St., Philadelphia

as well as everybody else, so I did not wait for him to ask me to take care of his wife for a reduced fee. When I could see him alone for a moment, I said:

"When you came to me a few years ago, Mr. S., you paid my fee in full, without any question. If you are worth as much money today as you were then, you are one of the few lucky individuals I know. You did your duty toward me when you had the money. Now it is up to me to do what I can for you, regardless of the fee. In fact, I am willing to do the operation for nothing if you ask me to."

"Doctor," he said, an obvious lump in his throat, "I never had any man speak to me more kindly, and I can't tell you how I appreciate it. I have been up against it like everybody else, and it is necessary for me to speak to you about this matter."

"Take a paper and pencil, Mr. S.," I said, "and reckon for yourself exactly how much you want to pay me. I simply wish to tell you that I send no bills, and that it will be necessary for you to let me have a check at your earliest convenience. Your wife has a condition which will necessitate her staying in the hospital for a week, with special day and night nurses in attendance. That will cost you approximately two hundred dollars, so take it into consideration before you decide what you wish to pay me."

After some preliminary figuring, he asked me if I would accept a certain amount which was exactly two-thirds of what he had paid me previously.

"Certainly," I agreed. "At a time like the present I consider that entirely fair."

The result is that he and I are still good friends. The transaction is closed. And he is telling everybody about the gracious way in which I treated him.

Sometimes we doctors come up against truly pitiable conditions.

In former times, we felt it was necessary to send poverty stricken patients to the charity hospitals, regardless of whether they could pay their hospital expenses or not. But, after all, were we doing the right thing?

Surely if I give my services for nothing in a worthy case, I am not belittling myself in any way. What's more, I know I have helped save the life of a patient who undoubtedly would pay me if he could.

An instance of this kind arose a few months ago when I was asked to see a child who had to be operated upon at once. The father was a self-respecting Italian who owned his own home, but on account of being out of work for six months was unable to pay his taxes or the interest on his mortgage.

After convincing the parents that an operation was essential, I asked them whether they could raise enough money to put the child in a hospital for ten days.

"How much will you charge me for the operation?" the father asked.

"Nothing," I said. "You haven't any money, and there's no use in my arguing about a fee under the circumstances. If you ever come and tell me that you wish to pay me something, I shall be glad to accept the money. But I shall not send you any bill."

It was hard to persuade the parents that I was sincere because, apparently, no other doctor had ever treated them that way. Anyway, the child was taken to the hospital that same afternoon and operated upon. The result was all that could have been wished.

Every time after that, when the father brought his youngster to me for after-treatments, he insisted upon knowing how much money he owed me. After frequent exhortations I said:

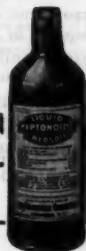
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about this matter. Nor do I wish you to borrow any money to pay me. I shall simply tell you that if you ever have any money, I shall be glad to have you pay three hundred dollars. But remember, I am only telling you about this because you insist upon knowing."

And so, believe it or not, these poor people managed to raise the full amount within a period of six weeks. No bill had ever been sent them, nor was there any urging on my part to pay. They simply felt the moral responsibility for the indebtedness and insisted upon discharging it.

This is not an extraordinary example by any means. During a period of more than two years I have taken a number of urgent operative cases on that basis. And I know that almost all the patients concerned tried their hardest to pay me something, regardless of whether I expected it or not.

Within the past week, I had to operate upon a little boy. The father was once a very wealthy man but has lost most of his money so that he may have to go into bankruptcy. I refused to name any fee. I told him that he knew how much operations of this kind were, and that I would leave

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*Facts taken from the Journal
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Dr. _____

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Ever since I first engaged in the practice of medicine, I have kept an accurate record of the number of patients seen each month, the number of new patients, the number of operations, the total business for the month, and the actual amount of cash taken in.

By referring to this record, I know at a glance the exact status of my practice over a period of years.

From 1925 to 1929, practice was at a maximum in all ways. And I will say candidly that I made far more money than was good for me. Moreover, I dissipated it like everybody else.

My figures show, however, that from 1929 on, receipts dwindled alarmingly until I began to work on this new basis in 1931. I did not at once begin to see the fruits of my new endeavor, but gradually practice began to increase until I am happy to say that for the past six months the number of patients and the number of opera-

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tions have almost equaled those of the good years.

An analysis of the cash shows that my income is about forty per cent of what it was. I have budgeted myself in accordance, and know where I stand financially. As a result, I am not harboring a lot of refuse matter on my books and a lot of patients who are continually irritated at the idea that they owe me money.

Some may ask if this method of practice can be fitted to any type of work. I have had the opportunity to talk it over with several doctors who are now trying it out.

The chief thing that strikes me as important is the question of approach. Can the doctor convince his patient that he is sincere? Can he convince him that it is his duty to render service and that he only expects payment accordingly to what the patient can afford to pay?

Can he swallow the hard pill of resisting the temptation to extract all that he can from the patient? Does he feel that he has the class of patients who he can trust to do the right thing?

In the answer to all these questions lies the eventual outcome. My own feeling is that there is no type of practice to which the idea can not be applied successfully.

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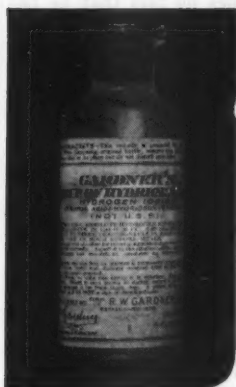
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Kugelmass—Pro. Soc. Exp. Biol. & Med., New York, Nov. 1932.



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